

BUSINESS RECORDS AFFIDAVIT

STATE OF TEXAS


COUNTY OF Walker

RE: Cause Number 4:13-CV-3369: Martone v. Livingston

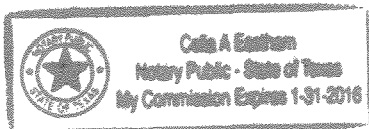
BEFORE ME, the undersigned authority, personally appeared Cobie Chavers, who, being duly sworn by me, deposed as follows:


“My name is Cobie Chavers. I am over 18 years of age, of sound mind, capable of making this affidavit, and have personal knowledge of the facts herein stated:

“I am employed as a Program Supervisor with the Office of the Inspector General (OIG) – Texas Department of Criminal Justice. I am the custodian of the attached records of the OIG. These records are kept by the OIG in the regular course of business, and it was the regular course of business of the OIG for an employee or representative of the OIG, with knowledge of the act, event, condition, or opinion, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The attached record is an exact duplicate of the record on file with the Office of the Inspector General in Criminal Case File No. 2011.03220 concerning Offender Michael David Martone, TDCJ No. 01395315, as of the date of this affidavit.


Cobie Chavers
Program Supervisor
Office of the Inspector General

SWORN TO AND SUBSCRIBED before me on this the 19th day of September 2014.




NOTARY PUBLIC in and for
The State of Texas
Printed Name: Celia A Eastham
My commission expires: January 31, 2016

CASE # 2011.03220

RECEIVED
MAY 22 2013
OFFICE OF THE
DIRECTOR GENERAL

Summary Investigative Activities

Case Number: 2011.03220

Investigative Activities	
DATE & INITIAL	ACTION/COMMENTS
2011-08-10 00:00:00.0 KBS	Assigned to Region-E
	Case Assigned to Investigator : KEVIN SHAWAKER
9-8-11 LEE	AUDIT. GATHER DOCUMENTS. FINISH ASAP
12-8-11 LEE	AUDIT. READY TO WRITE.
1-17-12 KBS	Case folder to OIG Open Records. <i>[Signature]</i> 182
1.18.12 CE	Printed case file to OIG/GC in response to open Records request OR. 2012 00013
1-23-12 KBS	Case file returned. <i>[Signature]</i> 182
4.5.12 LEE	AUDIT. READY TO WRITE. FINALIZE ASAP.
10/15/2012 GXH	Audit - complete by 12/15
1/31/2013 GKH	Reassigned to TLM
021313 TN	received case file. Sub #140
022513 TN	waiting on Medical Amendment to Death Certificate. Me #140

**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL**

CRIMINAL CASE INFORMATION WORKSHEET

2011.03220 **Huntsville** **Aug 8, 2011** **Aug 10, 2011**
Case Number **Unit or Location** **Date of Offense** **Date Case Opening**

Victim , Complainant or Witness

Last Name	First Name	Party Type	Person Type	TDCJ Number	Statutes	Rank	DOB	Race	Sex	SSN
MARTONE	MICHAEL	Victim	Offender / Parolee	01395315	CCP49.18			White	Male	
ROUNDTREE	CLIFTON	Witness	Employee			Sergeant of Correctional Officers		Black / African	Male	
ELLIS	PATRICIA	Witness	Employee			Correctional Officer V		White	Female	
BAKE	GARY	Witness	Employee			Correctional Officer IV		White	Male	
SIMMONS	KEVIN	Complainant	Employee			Lieutenant of Correctional Officers		White	Male	
PROCTOR	MICHAEL	Witness	Employee			Lieutenant of Correctional Officers		White	Male	
COLLARD	KERRY	Witness	Employee			Correctional Officer IV		White	Male	

Suspects

Last Name	First Name	Person Type	TDCJ Number	Statutes	Rank	DOB	Race	Sex	SSN
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SUMMARY OF OFFENSE

*** Potential Litigation ***2011.03220

On August 08, 2011, at 10:22 pm, at the Hermann Memorial Hospital, Dr George Libby pronounced Offender Michael Martone # 1395313 deceased, reporting the preliminary cause of death as a result of heat stroke and cardiac arrest.

Exact Location of Incident : **G-1 Row**

Investigator Initials : **TLM** Opened By : **KBS**

OIG Region : **Region-E**

2011-3220



CUSTODIAL DEATH REPORT

For reporting requirements and procedure, see Section 39.05 of the Penal Code, Article 49.18(b) (c) of The Code of Criminal Procedure and Article 501.055(b) of The Government Code

Section 39.05 Failure to Report Death of Prisoner:

- (a) A person commits an offense if the person is required to conduct an investigation and file a report by Article 49.18, Code of Criminal Procedure, and the person fails to investigate the death, fails to file the report as required, or fails to include in a filed report facts known or discovered in the investigation.
- (b) A person commits an offense if the person is required by Section 501.055, Government Code, to:
- (1) give notice of the death of an inmate and the person fails to give the notice; or
 - (2) conduct an investigation and file a report and the person:
 - (A) fails to conduct the investigation or file the report; or
 - (B) fails to include in the report facts known to the person or discovered by the person in the investigation.
- (c) An offense under this section is a Class B misdemeanor.

Article 49.18 (a) (b) (c). Death in Custody

- (a) If a person confined in a penal institution dies, the sheriff or other person in charge of the penal institution shall as soon as practicable inform the justice of the peace of the precinct where the penal institution is located of the death.
- (b) If a person dies while in the custody of a peace officer or as a result of a peace officer's use of force or if a person incarcerated in a jail, correctional facility, or state juvenile facility dies, the director of the law enforcement agency of which the officer is a member or of the facility in which the person was incarcerated shall investigate the death and file a written report of the cause of death with the attorney general no later than the 30th day after the date on which the person in custody or the incarcerated person died. The director shall make a good faith effort to obtain all facts relevant to the death and include those facts in the report. The attorney general shall make the report, with the exception of any portion of the report that the attorney general determined is privileged, available to any interested person.
- (c) Subsection (a) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice. Subsection (b) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice if the death occurs under circumstances described by Section 501.053 (b) (2), Government Code.
- (d) In this article:
- (1) "Correctional facility" means a confinement facility or halfway house operated by or under contract with any division of the Texas Department of Criminal Justice.
 - (2) "In the custody of a peace officer" means:
 - (A) under arrest by a peace officer; or
 - (B) under the physical control or restraint of a peace officer.
 - (3) "State juvenile facility" means any facility or halfway house:
 - (A) operated by or under contract with the Texas Youth Commission or
 - (B) described by Section 51.02 (13) or (14), Family Code.

Mail To: Office of the Attorney General
Criminal Law Enforcement Division
P.O. Box 12548
Austin, Texas 78711-2548
(512) 463-2170

Date of Report: August 19, 2011

1) AGENCY/FACILITY INFORMATION:

Name of Agency/Facility: **TDCJ - Office of the Inspector General**

Address: **P.O. Box 4003**

City, Zip Code: **Huntsville, TX 77342-4003**

Telephone Number: **(836) 437-5062**

Fax: **(936) 437-5010**

Signature of Director of _____

Revised 5/08 Replaces Form of 07/03/ which is obsolete
CC-0297 (02/2008)

AUG-19-2011 15:26 From:

Custodial Death Report

Page 2

2) IDENTITY OF DECEASED:

Name of deceased: Martone, MichaelSSN [REDACTED]

Race/Ethnic Group:

☐ African-American☐ Native American☒ Anglo☐ Asian ☐ Hispanic☐ Middle East☐ Native Hawaiian/Pacific Islander☐ Other (Specify)☒ MaleDOB: 7/7/1954

Sex

☐ FemaleAge: 57

3) DATE OF CUSTODY (arrest, incarceration):

Date: 10/26/2006Time: Hour: Min: am ☐ pm ☐

4) DATE/TIME OF DEATH:

Month: 8 Day: 8 Year: 2011Time: Hour: 10 Min: 22 am ☐ pm ☒

5) WHERE DID THE EVENT CAUSING THE DEATH OCCUR?

Street Address: 815 12TH StreetCity: HuntsvilleCounty: TX

6) HAS A MEDICAL EXAMINER OR CORONER CONDUCTED AN EVALUATION TO DETERMINE A CAUSE OF DEATH?

☐ Yes, results are available☒ Yes, results are pending☐ No, evaluation pending☐ No, evaluation not planned

7) MANNER OF DEATH:

1. ☐ Accidental Injury to self2. ☐ Accidental Injury by others3. ☐ Alcohol/Drug Intoxication4. ☐ Justifiable Homicide5. ☐ Other Homicide6. ☐ Suicide7. ☒ Natural Causes/Illness-Specify8. ☐ Other-Specify:8) MEDICAL CAUSE OF DEATH: Pending autopsy results: Cardiac arrest secondary to hyperthermia

9) WAS THE CAUSE OF DEATH THE RESULT OF A PRE-EXISTING MEDICAL CONDITION OR DID THE DECEASED DEVELOP THE CONDITION AFTER ADMISSION?

1. ☐ Pre-existing medical condition2. ☐ Deceased developed condition after admission3. ☐ N/A - cause of death was accidental injury, intoxication, suicide, or homicide.4. ☒ Don't KnowRevised 6/06 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2008)

AUG-19-2011 15:26 From:

- 10) **HAD THE DECEASED BEEN RECEIVING TREATMENT FOR THE MEDICAL CONDITION AFTER ADMISSION TO YOUR JAIL'S JURISDICTION?**
- ☒ Not Applicable
- ☐ No
- ☐ Yes-If yes, describe below (Include only treatment and medication related to the medical condition that caused the deceased's death. Exclude emergency care provided at time of death):
-
-
-

- 11) **WHAT TYPE OF CUSTODY/FACILITY WAS THE OFFENDER IN/AT PRIOR TO THE TIME OF DEATH?**
- ☐ Police Custody (pre-booking)
- ☒ Penitentiary
- ☐ Municipal Jail
- ☐ County Jail

- 12) **SPECIFIC TYPE OF CUSTODY/FACILITY**
- ☐ Custody of Peace Officer during/fleeing arrest
- ☐ Custody of Peace Officer subsequent to arrest
- ☒ TDCJ-ID (Unit): Huntsville Unit (HV)
- ☐ Jail-single cell
- ☐ Jail-detox cell
- ☐ Jail-Multiple occupancy cell
- ☐ Jail-holding cell
- ☐ Jail-day room/recreation area
- ☐ Correctional/Rehabilitation Facility
- ☐ Hospital/Infirmary
- ☐ Halfway House/Restitution Center
- ☐ Non-law enforcement detox facility Name: _____
- ☐ TYC-Facility:
- ☐ TJPC Detention Center:

- 13) **WHAT WERE THE MOST SERIOUS OFFENSE(S) WITH WHICH THE DECEASED WAS (OR WOULD HAVE BEEN) CHARGED WITH AT THE TIME OF DEATH (required)**

1. Intox. Manslaughter w/Deadly Weapon

2.

3.

- ☐ Filed
- ☒ Convicted
- ☐ Probation/Parole
- ☐ Not filed at time of death

Type of Charges

- ☒ Violent Crime against Persons
- ☐ Child Abuse
- ☐ Serious Crime against Property
- ☐ Alcohol/Drug Offense
- ☐ Other-specify :

Revised 6/06 Replaces Form of 07/03/ which is obsolete
CC-0247 (02/2008)

14) DID THE DECEASED DIE FROM A MEDICAL CONDITION OR FROM INJURIES SUSTAINED AT THE CRIME/ARREST SCENE?

- ☐ Medical condition only
☐ Injuries only
☐ Both medical condition and injuries
☐ Don't Know
☒ Not Applicable

15) IF INJURED AT THE CRIME/ARREST SCENE, HOW WERE THESE INJURIES SUSTAINED?

- ☐ Inflicted by law enforcement officers
☐ Inflicted by others at crime/arrest scene
☐ Self-inflicted-accidental
☐ Self-inflicted-suicide
☐ Unknown
☒ Not Applicable

16) WAS THE DECEASED UNDER RESTRAINT IN THE TIME LEADING UP TO THE DEATH OR THE EVENTS CAUSING THE DEATH?

- ☒ No
☐ Yes, If yes, mark which restraint devices were used:
☐ Handcuffs
☐ Leg shackles
☐ Other device-Specify

17) WHAT TYPE OF WEAPON(S) CAUSED THE DEATH? (MARK ALL THAT APPLY)

- ☐ Handgun
☐ Rifle/Shotgun
☐ Nightstick or baton
☐ Stun gun or tazer
☐ Other-specify
☒ Not applicable

18) AT ANY TIME DURING THE ARREST/INCIDENT DID THE DECEASED: MARK ALL THAT APPLY

- ☐ Appear intoxicated (either alcohol or drugs)
☐ Threaten the officer(s) involved?
☐ Resist being handcuffed or arrested?
☐ Try to escape/flee from custody?
☐ Grab, hit or fight with the officer(s) involved?
☐ Use a weapon to threaten or assault the officer(s) Specify
☐ Other - specify
☒ Not applicable

19) WHERE DID THE DECEASED DIE?

- ☐ At law enforcement facility
☐ At the crime/arrest scene
☒ At medical facility
☐ En route to medical facility
☐ En route to booking center/police pickup
☐ Elsewhere - Specify:

20) WHAT WAS THE TIME AND DATE OF THE DECEASED'S ENTRY INTO THE LAW ENFORCEMENT FACILITY WHERE THE DEATH OCCURRED?

☒ N/A
Month: _____ Day: _____ Year: _____
Time: Hour: _____ Min: _____ AM: ☐ PM: ☐

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CC-0267 (02/2008)

21) AT THE TIME OF ENTRY INTO THE FACILITY DID THE DECEASED: MARK ALL THAT APPLY

- ☐ Appear intoxicated (either alcohol or drugs)?
- ☐ Exhibit any mental health problems?
- ☐ Exhibit any medical problems?
- ☒ Not applicable

22) IF DEATH WAS AN ACCIDENT OR HOMICIDE, WHO CAUSED THE DEATH?

- ☐ Deceased
- ☐ Other detainees
- ☐ Law enforcement/correctional staff
- ☐ Other persons-specify
- ☐ Don't know
- ☒ Not applicable; cause of death was suicide, intoxication or illness/natural causes

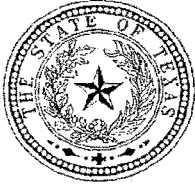
23) IF DEATH WAS AN ACCIDENT, HOMICIDE OR SUICIDE, WHAT WAS THE MEANS OF DEATH?

- ☐ Firearm
- ☐ Blunt instrument
- ☐ Knife, cutting instrument
- ☐ Hanging, strangulation
- ☐ Drug overdose
- ☐ Other - specify
- ☒ Not applicable; cause of death was intoxication or illness/natural causes

ATTACH A SUMMARY OF HOW THE DEATH OCCURRED: On August 8, 2011, at approximately 8:00pm, Offender Martone stepped out of his single-man cell, G-1-4, and then collapsed onto the run, at the Huntsville Unit. Martone, who was breathing but unresponsive, was taken to the unit infirmary by gurney as a request to 911 assistance was placed. At 8:20pm, EMS arrived and took over Martone's medical care. At 8:45pm, Martone was transported by ambulance to the Huntsville Airport and transferred to a waiting LifeFlight helicopter. Martone was then flown to Memorial Herman Hospital, Houston, TX. Herman staff took over Martone's emergency care, however, Martone continued to decline and Dr. Libby George, MD, pronounced Martone deceased at 10:22pm. Pending autopsy results,

24) the cause of death was cardiac arrest secondary to hyperthermia.

Revised 5/06 Replaces Form of 07/03/ which is obsolete
CC-0287 (02/2006)



TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OFFICE OF THE INSPECTOR GENERAL

INCIDENT / INVESTIGATION REPORT

						ORI#	CASE #:
						236075C	2011.03220
Incident Data	STATUTE 1	CRIME CLASS	DESCRIPTION:				
	CCP49.18	N/A	Death in Custody (Unattended /Accidental- offender)				
	STATUTE 2	CRIME CLASS	DESCRIPTION:				
	N/A						
Reportee	STATUTE 3	CRIME CLASS	DESCRIPTION:				
	N/A						
	DATE OF INCIDENT	DAY:	TIME:	DATE REPORTED:	TIME REPORTED	INVESTIGATED BY:	
	8/8/2011	Monday	10:22 pm	8/8/2011	10:48 pm	Lacey Mericle, #140	
Victim	LOCATION OF INCIDENT				COUNTY OF OFFENSE CODE	TYPE OF PREMISES:	
	Hermann Memorial Hospital, Houston, Texas				Harris / 101	Hospital	
	PERSON REPORTING INCIDENT: NAME: (LAST, First, MI)				RACE	SEX:	SOCIAL SECURITY #:
	SIMMONS, Kevin				W	Male	N/A
Witness	HOME ADDRESS:				PRIMARY TELEPHONE #	SECONDARY TELEPHONE #	
	N/A				936-437-7555	N/A	
	BUSINESS ADDRESS:				EMPLOYER		
	Huntsville Unit- 815 12 th Street, Huntsville, Texas				Texas Department of Criminal Justice		
Victim	OCCUPATION:				ADDITIONAL INFORMATION		
	Lieutenant of Correctional Officers				N/A		
	VICTIM #1: NAME: (LAST, First, MI)				DOB:	RACE	SEX:
	MARTONE, Michael David					W	Male
Witness	HOME ADDRESS:				PRIMARY TELEPHONE #	SECONDARY TELEPHONE #	
	Huntsville Unit- 815 12th Street, Huntsville, Texas				N/A	N/A	
	BUSINESS ADDRESS:				EMPLOYER		
	N/A				N/A		
Witness	OCCUPATION:				ADDITIONAL INFORMATION		
	N/A				deceased offender		
	WITNESS #1: NAME: (LAST, First, MI)				RACE	SEX:	SOCIAL SECURITY #:
	COLLARD, Kerry				W		N/A
Witness	HOME ADDRESS:				PRIMARY TELEPHONE #	SECONDARY TELEPHONE #	
	N/A				936-437-1555	N/A	
	BUSINESS ADDRESS:				EMPLOYER		
	Huntsville Unit- 815 12th Street, Huntsville, Texas				Texas Department of Criminal Justice		
Witness	OCCUPATION:				ADDITIONAL INFORMATION		
	Correctional Officer				N/A		

ADDENDUM ATTACHED NO

SUMMARY:

On August 08, 2011, at 10:22 pm, at the Hermann Memorial Hospital, Dr George Libby pronounced Offender Michael Martone # 1395313 deceased, reporting the preliminary cause of death as a result of heat stroke and cardiac arrest.

Investigator's Signature

ID#

DATE

Approving Supervisor's Signature

ID#

DATE

CC-0240 (07/2005)

Page 1 of 7

ADDITIONAL: VICTIMS, WITNESSES OR NAMED PARTIES

Witness #02		RACE	SEX	SOCIAL SECURITY #	DL OR TDCJ #
ROUNDTREE, Clifton		B	Male		N/A
HOME ADDRESS:	PRIMARY TELEPHONE #		SECONDARY TELEPHONE #		
N/A	936-437-1555		N/A		
BUSINESS ADDRESS:	EMPLOYER				
Huntsville Unit- 815 12th Street, Huntsville, Texas	Texas Department of Criminal Justice				
OCCUPATION:					
Sergeant of Correctional Officers					

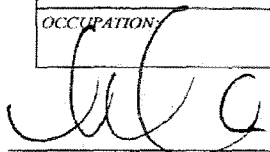
Witness #03	DOB:	RACE	SEX	SOCIAL SECURITY #	DL OR TDCJ #
PROCTOR, Michael		W	Male		N/A
HOME ADDRESS:	PRIMARY TELEPHONE #		SECONDARY TELEPHONE #		
N/A	936-437-1555		N/A		
BUSINESS ADDRESS:	EMPLOYER				
Huntsville Unit- 815 12th Street, Huntsville, Texas	Texas Department of Criminal Justice				
OCCUPATION:					
Lieutenant of Correctional Officers					

Witness #04		RACE	SEX	SOCIAL SECURITY #	DL OR TDCJ #
BLAKE, Gary		W	Male		N/A
HOME ADDRESS:	PRIMARY TELEPHONE #		SECONDARY TELEPHONE #		
N/A	936-437-1555		N/A		
BUSINESS ADDRESS:	EMPLOYER				
Huntsville Unit- 815 12th Street, Huntsville, Texas	Texas Department of Criminal Justice				
OCCUPATION:					
Correctional Officer					

Witness #05	DOB:	RACE	SEX	SOCIAL SECURITY #	DL OR TDCJ #
ELLIS, Patricia		W	Male		N/A
HOME ADDRESS:	PRIMARY TELEPHONE #		SECONDARY TELEPHONE #		
N/A	936-437-1555		N/A		
BUSINESS ADDRESS:	EMPLOYER				
Huntsville Unit- 815 12th Street, Huntsville, Texas	Texas Department of Criminal Justice				
OCCUPATION:					
Correctional Officer					

#	DOB:	RACE	SEX	SOCIAL SECURITY #	DL OR TDCJ #
N/A					
HOME ADDRESS:	PRIMARY TELEPHONE #		SECONDARY TELEPHONE #		
BUSINESS ADDRESS:	EMPLOYER				
OCCUPATION:					

#	DOB:	RACE	SEX	SOCIAL SECURITY #	DL OR TDCJ #
HOME ADDRESS:	PRIMARY TELEPHONE #		SECONDARY TELEPHONE #		
BUSINESS ADDRESS:	EMPLOYER				
OCCUPATION:					



Investigator's Signature

ID#

DATE

1460

05/21/13

Approving Supervisor's Signature

ID#

DATE

SUSPECTS

SUSPECT #1 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
N/A											
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE?		OCCUPATION:			BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
SUSPECT #2 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE?		OCCUPATION:			BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
SUSPECT #3 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE?		OCCUPATION:			BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
SUSPECT #4 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE?		OCCUPATION:			BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									
SUSPECT #5 (LAST, First, MI)					HOME ADDRESS:					PRIMARY TELEPHONE #	
RACE:	SEX:	DOB:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	COMPLEXION:	SOC SEC #:	SECONDARY TELEPHONE #	
TDCJ EMPLOYEE?		OCCUPATION:			BUSSINESS ADDRESS:						
<input type="checkbox"/> Yes <input type="checkbox"/> No											
TDCJ OFFENDER?		PAROLEE?		SID#		FBI#		BIRTH PLACE:		DL OR TDCJ #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No									



Investigator's Signature

ID#

DATE

140

052113

Approving Supervisor's Signature

ID#

DATE

INTRODUCTION:

I, Tabitha Lacey Mericle, am a Criminal Investigator with the Texas Department of Criminal Justice – Office of Inspector General (TDCJ-OIG). I am assigned to the Investigations Division of this agency, Region E, which includes Harris County, Texas, where this incident occurred.

This investigation involves Offender Michael Martone # 1395315, a fifty-seven year old white male offender, serving a twenty-five year sentence for Intoxication Manslaughter with a Deadly Weapon, from Harris County, Texas. Offender Martone was received by TDCJ on October 26, 2006 and was scheduled for discharge from TDCJ on December 30, 2028. Offender Martone's medical history included hypertension, hyperlipidemia, coronary artery disease, hepatitis C virus, seizure disorder and morbid obesity.

REPORTEE'S STATEMENT:**KEVIN SIMMONS; Lieutenant of Correctional Officers; Huntsville Unit:**

Lieutenant Simmons reported that on August 08, 2011, at 10:22 pm, at the Hermann Memorial Hospital, Dr George Libby pronounced Offender Michael Martone # 1395313 deceased, reporting the preliminary cause of death as a result of heat stroke and cardiac arrest.

CRIME SCENE DESCRIPTION:

This incident occurred in the Emergency Room, inside the Hermann Memorial Hospital, which is a public access medical facility located at 6411 Fannin, Houston, Texas. This public access medical facility provides medical treatment to TDCJ offenders, as needed.

INVESTIGATOR'S NARRATIVE:

On August 08, 2011, at 6:15pm, at the Huntsville Unit, Offender Michael Martone # 1395315 advised security staff that he felt bad and had been feeling bad for the past day or so. The offender was escorted to the unit's infirmary where Registered Nurse Rye assessed Offender Martone's condition. Nurse Rye advised the offender to rest as much as possible to increase his water intake. Offender Martone acknowledged the instructions and was escorted back to his assigned housing.

Later that evening, at 7:30 pm, Officer Kerry Collard observed Offender Martone holding on to a window sill in the housing area's dayroom area, with two offenders assisting Offender Martone by holding him up. Officer Collard requested a supervisor and additional security staff to assist with the situation. The medical department staff had departed the facility for the day and was not available to respond for the call for assistance. Sergeant Clifton Roundtree arrived, assessed the situation and requested a staff member retrieve a wheel chair for Offender Martone. While waiting for the wheel chair, Offender Martone began to go in and out of consciousness, and had a difficult time answering questions.

As the wheel chair arrived, Offender Martone's condition deteriorated further and he lost complete consciousness. The local Emergency Medical Services (EMS) was requested and Offender Martone was placed on a gurney. Lieutenant Michael Proctor noted that Offender Martone had spontaneous breaths and a

Investigator's Signature

ID#

DATE

Approving Supervisor's Signature

ID#

DATE

steady pulse. Offender Martone was transported, via gurney, to the unit infirmary area, waiting for the arrival of the local EMS. While in the infirmary area, Lieutenant Proctor noted that Offender Martone still had spontaneous breaths and pulse, but that the offender was very warm to the touch. Lieutenant Proctor instructed Officer Patricia Ellis to obtain ice packs and place them on Offender Martone (under arms areas, on neck area and on groin area) in case this was a heat related incident.

At 8:20 pm, the Huntsville Walker County EMS arrived and assumed care of Offender Martone. The decision was made by the EMS personnel to transport Offender Martone to the Huntsville Municipal Airport, where he would be transported by Life flight Helicopter to the Hermann Memorial Hospital in Houston, Texas. At 8:45 pm, the transport departed the Huntsville Unit, enroute to the airport. At 9:15 pm, the Life Flight transport departed the airport, enroute to the Hermann Memorial Hospital.

At 10:03 pm, upon arrival to the Hermann Memorial Hospital, Offender Martone lost all vital signs and cardiopulmonary resuscitation was initiated. Life saving efforts to revive the offender was continued but unsuccessful. At 10:22 pm, Dr George Libby pronounced Offender Martone deceased, reporting the preliminary cause of death as heat related, pending the autopsy results. Offender Martone's body temperature was 108. The Huntsville Unit reported that at 7:00 pm, the temperature to be 102, humidity 20% and heat index of 99.

Due to extreme temperatures and heat indexes, added precautions were initiated in June 2011. All offenders prescribed psychotropic medication were being housed on the first row of their designated housing areas. Water coolers were placed in every housing area and contained ice water (refilled regularly, as needed). Security staff was trained daily on recognizing the signs and symptoms of heat-related illnesses. Offenders were also provided training on how to stay hydrated during extremely hot weather.

On August 09, 2011, at 8:35 am, Roxanne Martone, Offender Martone's daughter, was notified of his death. She advised that the family would claim Offender Martone's remains and that the family did not object to an autopsy.


On August 10, 2011, Harris County Assistant Medical Examiner, Merrill Hines performed the autopsy (report # ML11-2363) on Offender Martone. Dr Hines determined this death was a result of hyperthermia, with the contributing factors of hypertension and atherosclerotic cardiovascular disease. He ruled the manner of this to be of accidental causes.

On November 10, 2011, the Amendment to Medical Certification of Certificate of Death (state file # 142-11-103310) was certified by Dr Hines and reported the cause of this death as a result of hyperthermia. The manner of this death is listed as accidental causes.

VICTIM(S):

MICHAEL MARTONE # 1395315; deceased offender; Huntsville Unit:

The victim is the decedent.



Investigator's Signature

1460
ID#

052113
DATE

Approving Supervisor's Signature

ID#

DATE

SUSPECT(S):**NONE****WITNESSES:****KERRY COLLARD; Correctional Officer; Huntsville Unit:**

Officer Collard reported that on August 08, 2011, at 7:30 pm, he observed Offender Martone holding on to a window sill in the housing area's dayroom area, with two offenders assisting Offender Martone by holding him up. Officer Collard reported that he requested a supervisor and additional security staff to assist with the situation. Officer Collard reported that Sergeant Clifton Roundtree arrived, assessed the situation and requested a staff member retrieve a wheel chair for Offender Martone. While waiting for the wheel chair, Offender Martone began to go in and out of consciousness, and had a difficult time answering questions and while waiting for the wheel chair to arrived, Offender Martone's condition deteriorated further and he lost complete consciousness. Officer Collard reported that Lieutenant Michael Proctor noted that Offender Martone had spontaneous breaths and a steady pulse. Offender Martone was transported, via gurney, to the unit infirmary area, waiting for the arrival of the local EMS.

CLIFTON ROUNDTREE; Sergeant of Correctional Officers; Huntsville Unit:

Sergeant Roundtree reported that at 7:30 pm, he responded to a request for assistance, arrived to the location, assessed the situation and requested a staff member retrieve a wheel chair for Offender Martone. While waiting for the wheel chair, Offender Martone began to go in and out of consciousness, and had a difficult time answering questions. As the wheel chair arrived, Offender Martone's condition deteriorated further and he lost complete consciousness. Sergeant Roundtree reported the local Emergency Medical Services (EMS) was requested and that Offender Martone was transported, via gurney, to the unit infirmary area, waiting for the arrival of the local EMS. Sergeant Roundtree reported that while in the infirmary area, Lieutenant Proctor noted that Offender Martone still had spontaneous breaths and pulse, but that the offender was very warm to the touch. Lieutenant Proctor instructed Officer Patricia Ellis to obtain ice packs and place them on Offender Martone (under arms areas, on neck area and on groin area) in case this was a heat related incident.

MICHAEL PORTER; Lieutenant of Correctional Officers; Huntsville Unit:

Lieutenant Porter reported that at 7:30 pm, he responded to a request for assistance, arrived to the location, and observed Offender Martone on a gurney. Lieutenant Proctor noted that Offender Martone had spontaneous breaths and a steady pulse. Offender Martone was transported, via gurney, to the unit infirmary area, waiting for the arrival of the local EMS. While in the infirmary area, Lieutenant Proctor noted that Offender Martone still had spontaneous breaths and pulse, but that the offender was very warm to the touch. Lieutenant Proctor instructed Officer Patricia Ellis to obtain ice packs and place them on Offender Martone (under arms areas, on neck area and on groin area) in case this was a heat related incident.

GARY BAKE; Correctional Officer; Huntsville Unit:

Officer Blake reported that on August 08, 2011, he accompanied the Life Flight transport of Offender Martone to the Hermann Memorial Hospital, where he witnessed the medical staff pronounce Offender Martone deceased.



Investigator's Signature

140

ID#

052/13

DATE

Approving Supervisor's Signature

ID#

DATE

PATRICIA ELLIS; Correctional Officer; Huntsville Unit:

Officer Ellis reported that on August 08, 2011, she responded with the wheelchair and gurney to the location of the request for assistance. Officer Ellis reported that she also retrieved ice packs to be placed on Offender Martone when in the unit infirmary.

EVIDENCE:

NONE

DISPOSITION:

This investigation is Administratively Closed.

ATTACHMENTS:

1. A copy of the Emergency Action Center report # I-11246-08-11 (1.1- 1.9)
2. The Investigator's Report of Custodial Death and the Attorney General's Custodial Death Report (2.1- 2.7)
3. A copy of the medical documentation (3.1- 3.69)
4. A copy of the death notifications (4.1- 4.3)
5. A copy of TDCJ's Autopsy Order (5)
6. A copy of the handwritten statement from Officer Kerry collard (6)
7. A copy of the typed statement from Sergeant Clifton Roundtree (7)
8. A copy of the typed statement from Lieutenant Michael Porter (8)
9. A copy of the handwritten statement from Officer Gary Bake (9)
10. A copy of the handwritten statement from Officer Patricia Ellis (10)
11. A copy of TDCJ Health Services Division Custodial Death Report Information Worksheet (11)
12. A copy of the final autopsy report (12.1- 12.11)
13. A copy of the death certificate (13.1- 13.2)
14. A copy of the TDCJ Travel Card (14.1- 14.3)
15. A photocopy of photographs taken (15)
16. A copy of the Daily Activity Log for the housing of the location of this incident (16)
17. A copy of the Huntsville Unit Infirmary sign in/ sign out log (17)
18. A copy of the Huntsville Unit's Temperature Log (18)
19. A copy of the Huntsville Municipal Airport's Weather Observations (19)

TLM



Investigator's Signature

1460

ID#

052/13

DATE

Approving Supervisor's Signature

ID#

DATE

----- SYSM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN

Message ID: 980675

From: KSI8517 - SIMMONS, KEVIN

Date Sent: 08/09/11

Subject: I-11246 08 11

Priority: 000

Time Sent: 02:31am

EAC USE ONLY: DATE REPORTED:.....TIME REPORTED:.....

EMERGENCY ACTION CENTER INCIDENT NO: I - 11246 - 08 - 11

MAJOR USE OF FORCE NUMBER (IF APPLICABLE): M - - -

TYPE OF INCIDENT: OFFENDER DEATH

UNIT: HV REGION 01 DATE OCCURRED: 08 / 08 / 2011 TIME OCCURRED: 2222

SPECIFIC LOCATION: HERMAN MEMORIAL HOSPITAL HOUSTON

INITIAL INCIDENT COMMANDER: (IF APPLICABLE)

RANK/NAME: SGT. C. ROUNDTREE

FINAL INCIDENT COMMANDER (IF COMMAND WAS TRANSFERRED):

RANK/NAME:

LEVEL OF RESPONSE: (INDICATE ALL THAT APPLY)

X A B C D E N/A (IF INCIDENT WAS HANDLED WITHOUT
REQUEST FOR RESPONSE TEAM)

COMMANDS: Ans TRa Read DEFeR FILE POSt EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

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From: KSI8517 - SIMMONS, KEVIN

Date Sent: 08/09/11

Subject: I-11246 08 11

Priority: 000

Time Sent: 02:31am

GANG IDENTIFICATION: NONE

WAS OFFICE OF INSPECTOR GENERAL NOTIFIED: X YES NO

WAS INCIDENT RACIALLY MOTIVATED: YES X NO

OFFENDER INFORMATION

OFFENDER NAME (LAST, FIRST M)	TDCJ NO	CUST	RACE	SEX	AGE	INJ	A-V
MARTONE, MICHEAL DAVID	1395315	G2	W	M	57	Y	

COMMANDS: Ans TRa Read DEFer FILE Post EDir DEL PUT QUE DCal Print Help End

1.2

----- SYSM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

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Message ID: 980675

From: KSI8517 - SIMMONS, KEVIN

Date Sent: 08/09/11

Subject: I-11246 08 11

Priority: 000

Time Sent: 02:31am

WERE OFFENDERS TRANSFERRED TO A HOSPITAL X YES NO

BY: EMS VAN X LIFE FLIGHT

NAME OF HOSPITAL: HERMAN MEMORIAL HOUSTON

TREATMENT: CPR

EMPLOYEE INFORMATION

NAME (LAST, FIRST M)	SSN	RACE	SEX	AGE	RANK
----------------------	-----	------	-----	-----	------

WHEN REPORTING AN ALLEGED SEXUAL ASSAULT PLEASE PROVIDE THE FOLLOWING

COMMANDS: Ans TRa Read DEFeR FILE POFt EDiT DEL PUT QUE DCal Print Help End

13

----- SYM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN

Message ID: 980675

From: KSI8517 - SIMMONS, KEVIN

Date Sent: 08/09/11

Subject: I-11246 08 11

Priority: 000

Time Sent: 02:31am

WAS A RAPE KIT COMPLETED YES NO DECLINED

WAS A SEXUAL ASSAULT REPRESENTATIVE REQUESTED/PROVIDED YES NO DECLINED

IF YES NAME/TITLE OF REPRESENTATIVE:

WHEN REPORTING A DEATH/SUICIDE/HOMICIDE PLEASE PROVIDE THE FOLLOWING

DATE: 08 / 08 / 2011 TIME: 22 : 22 PRONOUNCED DECEASED

PERSON PRONOUNCING VICTIM DECEASED NAME/TITLE: DR. GEORGE, LIBBY

COUNTY WHERE DEATH OCCURRED: HARRIS

PRELIMINARY CAUSE OF DEATH: HEAT RELATED

NEXT OF KIN NOTIFIED YES X NO DATE: / / TIME: :

NAME OF NOK:

HUNTSVILLE FUNERAL HOME NOTIFIED YES X NO

JUSTICE OF PEACE NOTIFIED: X YES NO

COMMANDS: Ans TRa Read DEFer FILE POFt EDiT DEL PUT QUE DCal Print Help End

1.4

----- SYSM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN

Message ID: 980675

From: KSI8517 - SIMMONS, KEVIN

Date Sent: 08/09/11

Subject: I-11246 08 11

Priority: 000

Time Sent: 02:31am

DESCRIPTION OF WEAPON(S) CONTRABAND

CHEMICAL AGENT INFORMATION

AMOUNT

LIST TYPE

AUTHORIZATION

WAS TEAM AUTHORIZED YES NO DECONTAMINATED YES NO INJURIES YES NO

WERE ANY TECHNOLOGIES/PROTECTIVE EQUIPMENT/CANINE LISTED BELOW PERTINENT TO

COMMANDS: Ans TRa Read DEFeR FILE P0st EDiT DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN

Message ID: 980675

From: KSI8517 - SIMMONS, KEVIN

Date Sent: 08/09/11

Subject: I-11246 08 11

Priority: 000

Time Sent: 02:31am

THIS INCIDENT?

YES NO

IF YES, INDICATE APPLICABLE

PARCEL SCANNER

WALK THROUGH METAL DETECTOR

HAND HELD METAL DETECTOR

B.O.S.S. CHAIR

VIDEO SURVEILLANCE

HEARTBEAT DETECTION SYSTEMS

BODY ALARM

PERIMETER FENCE DETECTION SYSTEMS

STAB-RESISTANT VEST

NARCOTIC DETECTOR CANINE

COMMANDS: Ans TRa Read DEFeR FILE POFt EDit DEL PUT QUE DCal Print Help End

----- SYSM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331
Enter Command ==>

09:57am - Wed, Aug 10, 2011

To: KSH8331 - SHAWAKER, KEVIN
From: KSI8517 - SIMMONS, KEVIN
Subject: I-11246 08 11

Message ID: 980675
Date Sent: 08/09/11
Priority: 000 Time Sent: 02:31am

CELL PHONE DETECTOR CANINE
PACK CANINES
S.A.R. CANINES
CONTRABAND INTERDICTION SHAKEDOWN TEAM
OTHER:

WHEN APPLICABLE INCLUDE IN THE "SUMMARY OF INCIDENT" HOW THE RESOURCE(S)
IDENTIFIED ABOVE WAS RELEVANT TO THE INCIDENT.

SUMMARY OF INCIDENT

ON AUGUST 8TH 2011 AT APPROX 2000 SGT C. ROUNDTREE RESPONDED TO G-1-4 CELL
WHERE OFFENDER MARTONE WAS COMPLAINING OF DIZZINESS AND SHORTNESS OF BREATH.
UPON ARRIVING AT THE CELL SGT. ROUNDTREE FOUND OFFENDER MARTONE CONSIIOUS AND
ALERT. AS SGT. ROUNDTREE BEGAN MOVING THE OFFENDER FROM HIS CELL TO MEDICAL T

COMMANDS: Ans TRa Read DEFeR FILE POSt EDit DEL PUT QUE DCal Print Help End

----- SYM INBASKET MESSAGE VIEW ----- 2

User ID: KSH8331

09:57am - Wed, Aug 10, 2011

Enter Command ===>

To: KSH8331 - SHAWAKER, KEVIN

Message ID: 980675

From: KSI8517 - SIMMONS, KEVIN

Date Sent: 08/09/11

Subject: I-11246 08 11

Priority: 000

Time Sent: 02:31am

HE OFFENDER LOST CONSCIOUSNESS. SGT. ROUNDTREE INITIATED ICS. LT. PROCTOR RESPONDED WITH OFFICERS P. ELLIS AND A. QUICK. OFFENDER MARTONE WAS PLACED ON A BACKBOARD AND TAKEN OUT OF THE BUILDING TO A GURNEY THAT WAS WAITING OUTSIDE THE DOOR. THE RADIO PICKET OFFICER CONTACTED 911 AND EMS WAS ACTIVATED. THE OFFENDER WAS MOVED TO THE HUNTSVILLE UNIT INFIRMARY BY GURNEY TO AWAIT THE ARRIVAL OF EMS. WHILE IN THE INFIRMARY LT. M. PROCTOR NOTICED THAT THE OFFENDER WAS VERY WARM TO THE TOUCH AND APPLIED ICE PACKS TO THE OFFENDER IN CASE HE WAS HAVING A HEAT RELATED EMERGENCY. EMS ARRIVED AT APPROX. 2020 AND BEGAN TREATING THE OFFENDER. A DECISION WAS MADE BY EMS TO TAKE THE OFFENDER TO THE HUNTSVILLE MUNICIPAL AIRPORT WHERE HE WOULD BE PLACED ON LIFEFLIGHT HELICOPTER. ONCE THE OFFENDER ARRIVED AT HERMAN MEMORIAL IN HOUSTON HE LOST ALL VITAL SIGNS. CPR WAS STARTED AT 2203 AND THE OFFENDER WAS PRONOUNCED DECEASED BY DR. GEORGE, LIBBY AT 2222. OFFICER GARY BAKE CO IV NOTIFIED LT. KEVIN SIMMONS OF THE DEATH AT 2235. OFFICER BAKE WAS TOLD

COMMANDS: Ans TRa Read DEFeR FILE PSt EDit DEL PUT QUE DCal Print Help End

18

----- SYSM INBASKET MESSAGE REVIEW ----- 2

User ID: KSH8331

09:58am - Wed, Aug 10, 2011

Enter Command ==>

To: KSH8331 - SHAWAKER, KEVIN

Message ID: 980675

From: KSI8517 - SIMMONS, KEVIN

Date Sent: 08/09/11

Subject: I-11246 08 11

Priority: 000

Time Sent: 02:31am

BY MEDICAL STAFF FROM HERMAN HOSPITAL THAT THE OFFENDER DEATH MAY HAVE

BEEN A RESULT OF HEAT AND THAT THE OFFENDERS BODY TEMPERATURE WAS 108.

AT 1900 THE UNIT RECORDED THE TEMPERATURE AT 102, HUMIDITY AT 20 , AND HEAT INDEX AT 99. NOTIFICATIONS ARE AS FOLLOWS.

2237 WARDEN JONES NOTIFIED BY LT. SIMMONS

2239 REGION 1 DIRECTOR MR. UPSHAW NOTIFIED BY WARDEN JONES

2245 CHAPLAIN HART NOTIFIED BY LT. SIMMONS

2248 OIG OFFICER KEVIN SHAWACRE NOTIFIED BY LT. SIMMONS

2359 CARNES FUNERAL HOME NOTIFIED BY LT. SIMMONS

0118 EAC NOTIFIED BY LT. SIMMONS

AT THE CURRENT TIME CHAPLAIN HART HAS BEEN UNABLE TO CONTACT NEXT OF KIN AND IS STILL ATTEMPTING TO MAKE CONTACT.

COMMANDS: Ans TRa Read DEFer FILE PSt Edit DEL PUT QUE DCal Print Help End

1.9



CUSTODIAL DEATH REPORT

For reporting requirements and procedure, see Section 39.05 of the Penal Code, Article 49.18(b) (c) of The Code of Criminal Procedure and Article 501.055(b) of The Government Code

Section 39.05 Failure to Report Death of Prisoner:

- (a) A person commits an offense if the person is required to conduct an investigation and file a report by Article 49.18, Code of Criminal Procedure, and the person fails to investigate the death, fails to file the report as required, or fails to include in a filed report facts known or discovered in the investigation.
- (b) A person commits an offense if the person is required by Section 501.055, Government Code, to:
 - (1) give notice of the death of an inmate and the person fails to give the notice; or
 - (2) conduct an investigation and file a report and the person:
 - (A) fails to conduct the investigation or file the report, or
 - (B) fails to include in the report facts known to the person or discovered by the person in the investigation.
- (c) An offense under this section is a Class B misdemeanor.

Article 49.18 (a) (b) (c). Death in Custody

- (a) If a person confined in a penal institution dies, the sheriff or other person in charge of the penal institution shall as soon as practicable inform the justice of the peace of the precinct where the penal institution is located of the death.
- (b) If a person dies while in the custody of a peace officer or as a result of a peace officer's use of force or if a person incarcerated in a jail, correctional facility, or state juvenile facility dies, the director of the law enforcement agency of which the officer is a member or of the facility in which the person was incarcerated shall investigate the death and file a written report of the cause of death with the attorney general no later than the 30th day after the date on which the person in custody or the incarcerated person died. The director shall make a good faith effort to obtain all facts relevant to the death and include those facts in the report. The attorney general shall make the report, with the exception of any portion of the report that the attorney general determined is privileged, available to any interested person.
- (c) Subsection (a) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice. Subsection (b) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice if the death occurs under circumstances described by Section 501.055 (b) (2), Government Code.
- (d) In this article:
 - (1) "Correctional facility" means a confinement facility or halfway house operated by or under contract with any division of the Texas Department of Criminal Justice.
 - (2) "In the custody of a peace officer" means:
 - (A) under arrest by a peace officer, or
 - (B) under the physical control or restraint of a peace officer.
 - (3) "State juvenile facility" means any facility or halfway house:
 - (A) operated by or under contract with the Texas Youth Commission or
 - (B) described by Section 51.02 (13) or (14), Family code.

Mail To: Office of the Attorney General
Criminal Law Enforcement Division
P.O. Box 12548
Austin, Texas 78711-2548
(512) 463-2170

Date of Report: August 19, 2011

1) AGENCY/FACILITY INFORMATION:

Name of Agency/Facility: **TDCJ – Office of the Inspector General**

Address: **P.O. Box 4003**

City, Zip Code: **Huntsville, TX 77342-4003**

Telephone: Number: **(936) 437-5052**

Fax: **(936) 437-5010**

Signature of Director of _____

Revised 5/06 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2008)

Custodial Death Repr

Page 2

2)

IDENTITY OF DECEASED:Name of deceased: Martone, MichealSSN [REDACTED]**Race/Ethnic Group:**☐ African-American☐ Native American☒ Anglo☐ Asian ☐ Hispanic☐ Middle East☐ Native Hawaiian/Pacific Islander☐ Other (Specify)☒ MaleDOB: [REDACTED]

Sex

☐ Female Age: 57

3)

DATE OF CUSTODY (arrest, incarceration):Date: 10/26/2006Time: Hour: Min am ☐ pm ☐

4)

DATE/TIME OF DEATH:Month: 8 Day: 8 Year: 2011Time: Hour: 10 Min: 22 am ☐ pm ☒

5)

WHERE DID THE EVENT CAUSING THE DEATH OCCUR?Street Address: 815 12TH StreetCity: HuntsvilleCounty: TX

6)

HAS A MEDICAL EXAMINER OR CORONER CONDUCTED AN EVALUATION TO DETERMINE A CAUSE OF DEATH?☐ Yes, results are available☒ Yes, results are pending☐ No, evaluation pending☐ No, evaluation not planned

7)

MANNER OF DEATH:1. ☐ Accidental Injury to self2. ☐ Accidental Injury by others3. ☐ Alcohol/Drug Intoxication4. ☐ Justifiable Homicide5. ☐ Other Homicide6. ☐ Suicide7. ☒ Natural Causes/Illness-Specify8. ☐ Other-Specify:

8)

MEDICAL CAUSE OF DEATH: Pending autopsy results: Cardiac arrest secondary to hyperthermia

9)

WAS THE CAUSE OF DEATH THE RESULT OF A PRE-EXISTING MEDICAL CONDITION OR DID THE DECEASED DEVELOP THE CONDITION AFTER ADMISSION?1. ☐ Pre-existing medical condition2. ☐ Deceased developed condition after admission3. ☐ N/A – cause of death was accidental injury, intoxication, suicide, or homicide.4. ☒ Don't KnowRevised 5/06 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2008)

22

10)

HAD THE DECEASED BEEN RECEIVING TREATMENT FOR THE MEDICAL CONDITION AFTER
ADMISSION TO YOUR JAIL'S JURISDICTION?

☒ Not Applicable

☐ No

☐ Yes-If yes, describe below (Include only treatment and medication related to the medical condition that caused the deceased's death. Exclude emergency care provided at time of death):

11)

WHAT TYPE OF CUSTODY/FACILITY WAS THE OFFENDER IN/AT PRIOR TO THE TIME OF DEATH?

☐ Police Custody (pre-booking)

☒ Penitentiary

☐ Municipal Jail

☐ County Jail

12)

SPECIFIC TYPE OF CUSTODY/FACILITY

☐ Custody of Peace Officer during/fleeing arrest

☐ Custody of Peace Officer subsequent to arrest

☒ TDCJ-ID (Unit): Huntsville Unit (HV)

☐ Jail-single cell

☐ Jail-detox cell

☐ Jail-Multiple occupancy cell

☐ Jail-holding cell

☐ Jail-day room/recreation area

☐ Correctional/Rehabilitation Facility

☐ Hospital/Infirmary

☐ Halfway House/Restitution Center

☐ Non-law enforcement detox facility Name: _____

☐ TYC-Facility:

☐ TJPC Detention Center:

13)

WHAT WERE THE MOST SERIOUS OFFENSE(S) WITH WHICH THE DECEASED WAS (OR WOULD HAVE BEEN)
CHARGED WITH AT THE TIME OF DEATH (required)

1. Intox. Manslaughter w/Deadly Weapon

2. _____

3. _____

☐ Filed

☒ Convicted

☐ Probation/Parole

☐ Not filed at time of death

Type of Charges

☒ Violent Crime against Persons

☐ Child Abuse

☐ Serious Crime against Property

☐ Alcohol/Drug Offense

☐ Other-specify :

23

14) DID THE DECEASED DIE FROM A MEDICAL CONDITION OR FROM INJURIES SUSTAINED AT THE CRIME/ARREST SCENE?

- ☐ Medical condition only
☐ Injuries only
☐ Both medical condition and injuries
☐ Don't Know
☒ Not Applicable

15) IF INJURED AT THE CRIME/ARREST SCENE, HOW WERE THESE INJURIES SUSTAINED?

- ☐ Inflicted by law enforcement officers
☐ Inflicted by others at crime/arrest scene
☐ Self-inflicted-accidental
☐ Self-inflicted-suicide
☐ Unknown
☒ Not Applicable

16) WAS THE DECEASED UNDER RESTRAINT IN THE TIME LEADING UP TO THE DEATH OR THE EVENTS CAUSING THE DEATH?

- ☒ No
☐ Yes, If yes, mark which restraint devices were used:
☐ Handcuffs
☐ Leg shackles
☐ Other device-Specify

17) WHAT TYPE OF WEAPON(S) CAUSED THE DEATH? (MARK ALL THAT APPLY)

- ☐ Handgun
☐ Rifle/Shotgun
☐ Nightstick or baton
☐ Stun gun or tazer
☐ Other-specify
☒ Not applicable

18) AT ANY TIME DURING THE ARREST/INCIDENT DID THE DECEASED: MARK ALL THAT APPLY

- ☐ Appear intoxicated (either alcohol or drugs)
☐ Threaten the officer(s) involved?
☐ Resist being handcuffed or arrested ?
☐ Try to escape/flee from custody?
☐ Grab, hit or fight with the officer(s) involved?
☐ Use a weapon to threaten or assault the officer(s) Specify
☐ Other - specify
☒ Not applicable

19) WHERE DID THE DECEASED DIE?

- ☐ At law enforcement facility
☐ At the crime/arrest scene
☒ At medical facility
☐ En route to medical facility
☐ En route to booking center/police lookup
☐ Elsewhere - Specify:

20) WHAT WAS THE TIME AND DATE OF THE DECEASED'S ENTRY INTO THE LAW ENFORCEMENT FACILITY WHERE THE DEATH OCCURRED?

- ☒ N/A
 Month: _____ Day: _____ Year: _____
 Time: Hour: _____ Min: _____ AM: ☐ PM: ☐

Revised 5/06 Replaces Form of 07/03/ which is obsolete
CC-0267 (02/2008)

21) AT THE TIME OF ENTRY INTO THE FACILITY DID THE DECEASED: MARK ALL THAT APPLY

- ☐ Appear intoxicated (either alcohol or drugs)?
☐ Exhibit any mental health problems?
☐ Exhibit any medical problems?
☒ Not applicable

22) IF DEATH WAS AN ACCIDENT OR HOMICIDE, WHO CAUSED THE DEATH?

- ☐ Deceased
☐ Other detainees
☐ Law enforcement/correctional staff
☐ Other persons-specify
☐ Don't know
☒ Not applicable; cause of death was suicide, intoxication or illness/natural causes

23) IF DEATH WAS AN ACCIDENT, HOMICIDE OR SUICIDE, WHAT WAS THE MEANS OF DEATH?

- ☐ Firearm
☐ Blunt instrument
☐ Knife, cutting instrument
☐ Hanging, strangulation
☐ Drug overdose
☐ Other – specify
☒ Not applicable; cause of death was intoxication or illness/natural causes

ATTACH A SUMMARY OF HOW THE DEATH OCCURRED: On august 8, 2011, at approximately 8:00pm, Offender Martone stepped put of his single-man cell, G-1-4, and then collapsed onto the run, at the Huntsville Unit. Martone, who was breathing but unresponsive, was taken to the unit infirmary by gurney as a request to 911 assistance was placed. At 8:20pm, EMS arrivad and took over Martone's medical care. At 8:45pm, Martone was transported by ambulance to the Huntsville Airport and transferred to a waiting LifeFlight helicopter. Martone was then flown to Memorial Herman Hospital, Houston, TX. Herman staff took over Martone's emergency care, however, Martone continued to decline and Dr. Libby George, MD, pronounced Martone deceased at 10:22pm. Pending autopsy results,

24) the cause of death was cardiac arrest secondary to hyperthermia.



**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL**

**INVESTIGATOR'S REPORT
OF CUSTODIAL DEATH**

OIG TRANSITORY #: (if necessary)				
CASE #:	EAC #:	OFFICIAL DATE & TIME OF DEATH:		AUTOPSY ORDERED?
	I-	8-8-2011 10:22 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DECEDENT NAME: (LAST, First, MI)		RACE:	SEX:	AGE:
MARTONE MICHAEL		W	M	57
IDENTIFICATION #:	UNIT OF ASSIGNMENT:	DATE & TIME FOUND:		
1395315	HV UNIT	8-8-2011 8:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
PLACE OF DEATH:	CITY:	COUNTY:	ZIP CODE	
HERMAN MEMORIAL HOSPITAL	HOUSTON	HARRIS	77030	
J.P. / M.E. NOTIFIED: (Name)	PRECINCT #	DATE & TIME J.P. / M.E. NOTIFIED	PHOTOGRAPHS?	
HARRIS Co M.E.			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLACE OF INQUEST:		DATE & TIME OF INQUEST:		
HERMAN MEMORIAL BR RM #10		8-9-2011 <input type="checkbox"/> AM <input type="checkbox"/> PM		

★ LOCATION, POSITION and SURROUNDINGS of BODY ★

MEMORIAL HERMAN BR ROOM #10. OFFENDERS MARTONE WAS
SLEEPING ON A GURNIEY COVERED FROM HEAD TO TOES W/ A SHEET.

★ SUMMARY of HOW DEATH OCCURRED ★

ON 8-8-2011 AT APPROX 8:00 PM OFFENDER MARTONE STEPPED OUT OF HIS
SINGLE MAN CELL & COLLAPSED ONTO THE G-1-RUN AT THE HV UNIT.
911/EMS ASSISTANCE WAS REQUESTED & MARTONE WHO WAS BREATHING BUT
UNRESPONSIVE, WAS TAKEN BY GURNIEY TO THE UNIT INFIRMARY. EMS ARRIVED
AT 8:20 PM & TOOK OVER MARTONE'S CARE. AT 8:45 PM EMS TRANSPORTED
MARTONE TO THE HUNTSVILLE AIRPORT WHERE LIFEFLIGHT TOWEN TRANSPORTED
MARTONE TO HERMAN MEMORIAL HOSP, HOUSTON, TX. AT 10:22 PM DR. LIBBY
GEORGE PROCLAIMED MARTONE DECEASED

TRANSPORTING FUNERAL HOME:	RECEIVING FUNERAL HOME:
HARRIS COUNTY M.E.	
INVESTIGATOR SIGNATURE:	TELEPHONE #:
K.B. SHAWKOR	() 936-662-4470

K.B. SHAWKOR Law Enforcement Agency:

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OFFICE OF THE INSPECTOR GENERAL
P.O. Box 4003 - Huntsville, TX 77342-4003
(936) 437-6735

INVESTIGATOR'S REPORT OF CUSTODIAL DEATH

(Continued)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE - OFFICE OF THE INSPECTOR GENERAL

CASE #:	DECEDENT NAME: (LAST, First MI)	IDENTIFICATION #:
	MARTONE, MICHAEL	#1395315

★ CLOTHING WORN BY DECEDENT ★

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Pants	<input type="checkbox"/> Shoes/Boots	<input type="checkbox"/> Jacket
<input type="checkbox"/> Belt	<input type="checkbox"/> Gown/Blouse	<input type="checkbox"/> Dress	<input type="checkbox"/> Other (list details below)

★ PROPERTY SENT WITH DECEDENT ★

NONE

★ MEDICAL HISTORY ★

Was death attended?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous history of illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>unk</i>
History of suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>unk</i>	HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>unk</i>

HOSPITAL NAME:	ADDRESS:	TELEPHONE:
MEMORIAL HERMAN	6411 FANNIN HOUSTON 77030	713-704-4000
PHYSICIAN CONTACTED: (Name)	ADDRESS:	TELEPHONE:
		() -

DIAGNOSIS: PENDING AUTOPSY

★ NEXT OF KIN INFORMATION ★

NEXT OF KIN:	ADDRESS:	TELEPHONE:
ROXANNE MARTONE (DAU)	2409 WILLOW TRAIL DEER PARK, TX	(713) 231-4343
NEXT OF KIN NOTIFIED BY: (Name)	TELEPHONE:	DATE & TIME NOTIFIED:
CHAPLAIN HART	() -	PENDING <input type="checkbox"/> AM <input type="checkbox"/> PM

★ IDENTIFICATION ★

★ DOCUMENTATION ★

HOW: <input checked="" type="checkbox"/> Offender Records	<input type="checkbox"/> Fingerprints
<input checked="" type="checkbox"/> Viewed at Hospital/Scene	<input type="checkbox"/> Other

<input type="checkbox"/> Order for Autopsy	<input type="checkbox"/> Clinic Notes (last 72 hrs)
<input type="checkbox"/> ER Report (if available)	<input type="checkbox"/> Copy of Travel Card

Verification Made By:	Relationship to Decedent:
K. SHAWAKOR	NONE

REPORT DISTRIBUTION: (Include Complete Documentation)		
(1) Case File	(2) J.P.	(3) To Accompany Body

atient # _____
 ate 08-08-2011 HWCEMS Trip Report Call Number 3811
 Patient # 1 of 1 Pg 1 of 2

GUARANTOR	PT. SSN:	NAME
	PT. NAME: <u>Martone, Michael</u>	ADDRESS <u>11</u>
	ADDRESS: <u>PO # 99</u>	CITY/ST/ ZIP: <u>T</u>
	CITY/STATE/ZIP <u>Knoxville TN 37720</u>	PHONE # <u>M</u>
	PHONE #: <u>936 295 6371</u>	EMPLOYER: <u>B</u>
	DOB: _____ AGE: <u>57</u>	ADDRESS
	SEX: <u>MALE</u> FEMALE	CITY/ST/ ZIP:
FAMILY DR: <u>WTHM B</u>	EMP PHONE #	

INSURANCE :	Scene Location: <u>Walls unit</u>
GROUP # _____ POLICY # _____	Transported to: <u>Knoxville airport</u>
MEDICARE #	Mech. Of Injury: <u>Med</u>
MEDICAID #	

Response Times		L.F. Times	Response Information		Personnel
patch <u>203</u>	Leave Scene <u>2033</u>	Dispatch	Response to Scene Code I <u>Code III</u>	Starting Mileage <u>0</u>	Attendant <u>S. Locke</u>
route <u>2015</u>	Arrive Dest. <u>2005</u>	Arrive	Response to Destination Code I <u>Code III</u>	Ending Mileage <u>31</u>	Attendant <u>P. Green</u>
Area <u>12019</u>	Arrive Scene <u>2050</u>	Depart	MVC---INV. Police Agency	EMLJin <u>330</u>	Chauffer <u>J. Bannister</u>
PATCH REASON: <u>Med</u>			CHIEF COMPLAINT: <u>Am C</u>		

VIRONMENT: <u>lying supine on cot</u>									
Level of Consciousness	Breathing		Circulation				Pupils		
Alert and Oriented	Rate <u><10</u>	Quality <u>Unlabored</u>	L Lung Sounds <u>Clear</u>	R Color <u>Normal</u>	Temp <u>Normal</u>	Condition <u>Normal</u>	Cap Refill (for Pediatrics) <u><2 sec</u>	L Pupil <u>Reactive</u>	
Response to Voice	<u>10-24</u>	<u>Labored</u>	<u>Wet</u>	<u>Cyanotic</u>	<u>Hot</u>	<u>Moist</u>	<u><2 sec</u>	<u>Sluggish</u>	
Response to Pain	<u>>24</u>	<u>Shallow</u>	<u>Wheezes</u>	<u>Pale</u>	<u>Cool</u>	<u>Diaphoretic</u>	<u>2-4 sec</u>	<u>Constricted</u>	
Unresponsive	<u>Apneic</u>	<u>Irregular</u>	<u>Diminished</u>	<u>Flush</u>	<u>Cold</u>	<u>>4 sec</u>	<u>>4 sec</u>	<u>Dilated</u>	
	<u>Assisted</u>	<u>Absent</u>	<u>Absent</u>			<u>Absent</u>	<u>Absent</u>	<u>Nonreactive</u>	

Injury Description	Head	Chest	Abdomen RUQ	Abdomen LUQ
Identify the area of injury with the following numbers	<input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Paradoxical Movement	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Rigidity	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Rigidity
Amputation	Neck	<input type="checkbox"/> Crepitation	<input type="checkbox"/> Distention	<input type="checkbox"/> Distention
Blunt Injury	<input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> JVD	<input checked="" type="checkbox"/> DCAPBTLS	<input type="checkbox"/> Palpable Mass	<input type="checkbox"/> Palpable Mass
Burn	<input type="checkbox"/> Tracheal	<input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> DCAPBTLS
Crush	Deviation	Pelvis	Abdomen RLQ	Abdomen LLQ
Dislocation / Fracture	<input type="checkbox"/> Spinal Step Off <input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Tenderness	<input type="checkbox"/> Normal <input type="checkbox"/> Rigidity	<input type="checkbox"/> Normal <input type="checkbox"/> Rigidity
Gunshot	Back	<input type="checkbox"/> Instability	<input type="checkbox"/> Distention	<input type="checkbox"/> Distention
Laceration	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Spinal Step Off <input checked="" type="checkbox"/> DCAPBTLS	<input type="checkbox"/> Crepitation	<input type="checkbox"/> Palpable Mass	<input type="checkbox"/> Palpable Mass
Pain		<input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> DCAPBTLS
Puncture / Stab		<input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> DCAPBTLS
Soft Tissue Injury		<input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> DCAPBTLS	<input checked="" type="checkbox"/> DCAPBTLS

Right Arm	Left Arm	Right Leg	Left Leg	BTLS
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	Deformity
<input type="checkbox"/> Pulse Absent	<input type="checkbox"/> Pulse Absent	<input type="checkbox"/> Pulse Absent	<input type="checkbox"/> Pulse Absent	Contusions
<input type="checkbox"/> Decrease or	<input type="checkbox"/> Decrease or	<input type="checkbox"/> Decrease or	<input type="checkbox"/> Decrease or	Abrasions
<input type="checkbox"/> Absent Sensation	<input type="checkbox"/> Absent Sensation	<input type="checkbox"/> Absent Sensation	<input type="checkbox"/> Absent Sensation	Penetrations
<input type="checkbox"/> Decreased or	<input type="checkbox"/> Decreased or	<input type="checkbox"/> Decreased or	<input type="checkbox"/> Decreased or	Burns
<input type="checkbox"/> Absent Motor Func.	<input type="checkbox"/> Absent Motor Func.	<input type="checkbox"/> Absent Motor Func.	<input type="checkbox"/> Absent Motor Func.	Tenderness
				Lacerations

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OIG- Martone 1513

HUNTSVILLE EMS FLOW SHEET								PAGE <u>2</u> OF <u>2</u>			
PATIENT NAME: <u>Martone, Michael</u>								CALL # <u>3811</u>			
TIME	B.P.	PULSE	RESP.	SPO2	PROCEDURES	ATT	EKG	MEDICATION	DOSE	ROUTE	CREW#
<u>96</u>	<u>148</u>	<u>16</u>	<u>98</u>		<u>Vitals</u>		<u>Sinus</u>	<u>02</u>	<u>15L N/A</u>	<u>3672</u>	
<u>98</u>	<u>68</u>	<u>150</u>	<u>16</u>	<u>99</u>	<u>18g IV. RT Hand</u>		<u>1000 mL NS</u>	<u>10g NS</u>	<u>0.1g</u>	<u>3672</u>	
<u>102</u>	<u>70</u>	<u>156</u>	<u>16</u>	<u>99</u>	<u>Lidocaine 100mg</u>		<u>200mg</u>	<u>Succ.</u>	<u>200mg</u>	<u>3672</u>	
<u>104</u>	<u>77</u>	<u>154</u>	<u>16</u>	<u>99</u>	<u>Intubated 7.5 FT</u>		<u>25g</u>	<u>Veal</u>	<u>Exploded</u>	<u>3672</u>	
					<u>Intubate. Breath sounds</u>		<u>Clear</u>	<u>x/r</u>			
					<u>Cap. 35 to 45</u>		<u>Versed</u>	<u>10g</u>	<u>mg</u>	<u>3672</u>	
							<u>VCC</u>	<u>10mg</u>			

Arrived on Scene to find 57 year male lying supine on cot in infirmary. Breathing 16 BPM, unresponsive. Officers claim he collapsed while in his cell, and they moved him to the infirmary. Pts vitals as shown, ECG Sinus 110, Pts pupils sluggish. Pt unresponsive, 18g IV. Placed RT hand 1000 mL NS @ 100. Moved to ambulance. AT 3:10 Entered Amb. admitting 100mg. Nasal intubation unsuccessful, Admin 100mg Lidocaine, 200mg Succ. 200mg Succ. intubated w/ 7.5 FT. Intubate. Breath sounds clear. Cap. 35 to 45. 10g noted in gastric. Sounds absent at 5 FT. 99g ft. trans to Huntsville airport w/o add. changes. Report and care given to the police.

HISTORY:

HISTORY:

MEDICATIONS:

MEDS CONT.:

ALLERGIES:

NAME OF PROTOCOL FOLLOWED

SIGNATURE OF ATTENDANT

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OIG- Martone 1514

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8 / 2011 9:00:34 AM PAGE 004/07 Fax Server

CARDIOPULMONARY ARREST / CRITICAL CARE

Memorial Hermann Hospital
Emergency Center47136147-9367 A A:08/08/11
MARTONE, MICHAEL
DOB: [REDACTED] 57Y M SEX:EMRNAME: T10615 P 127 BP 84/43 AGE 57 M F R 18
WT: 136 lbs PULSE OX: % ROOM# AC21 TIME 2231

CC: Feeling Bad

MODE OF ARRIVAL: ☐ POV ☒ Ambulance ☐ Immobilized PREHOSPITAL ORDERS: ☒ No ☐ YesHPI SOURCE: ☐ Patient ☐ Family Member ☐ Friend ☒ EMS: LF ☒ Nurse's Notes ReviewedCONTEXT: ☒ Found Unresponsive ☐ CollapsedARREST: ☐ Witnessed or ☒ Unwitnessed @ ☐ Home ☐ Business ☐ PoisonPRECEDING SIGNS & SYMPTOMS: ☐ None Known ☐ CP ☐ SOB ☐ Seizure ☐ Palpitations ☐ IIA ☐ Nausea ☐ VomitingCPR: ☐ No ☒ Yes (☐ Bystander ☒ EMS)INITIAL EMS EXAM: GCS: 3 CV: ☐ Pulseless ☒ Carotid Pulse Present PRE-HOSPITAL INTUBATION: ☒ Yes ☐ NoINITIAL TELEMETRY REVEALED: ☐ Asystole ☐ PEA ☐ Bradycardia ☐ V Fib ☐ Pulseless VT V. Tach → V. Fib☐ Narrow-Complex Tachycardia ☒ Wide-Complex TachycardiaPRE-HOSPITAL: IV Access: ☐ None ☐ 18 Gauge LOCATION: ☒ R OL OB ☐ OAC ☐ OEA ☐ Wrist ☐ HandMEDICATIONS: ☐ Lidocaine ☐ Narcan ☒ Epinephrine ☐ NaHCO₃ ☐ Atropine ☐ Adenosine ☐ Amiodarone 300mg
ROUTE: ☒ IV ☐ OBT Tube DOSE: 150mg only 10 min

57 yo M arrived via LF 911 unresponsive. Pt intubated by ground EMS

Pt on V. Tach. Heart rate 150. Cardiac arrest → V. Tach → V. Fib → V. Tach.

300mg Amiodarone given 5 min. No response. Pt on ice packs

on chest

☐ Unable to obtain additional information from patient. Reason

ROS

☐ All Other Systems Reviewed And Negative (unless written or circled)CONST: WTD GI: WTD PSYCH: WTD
EYES: WTD GU: WTD ENDO: WTD
ENT: WTD MS: WTD HEME/LYMPH: WTD
CV: WTD SKIN: WTD ALL/IMMUN: WTD
RESP: WTD NEURO: WTD OTHER: WTDPMH ADULT ILLNESS: ☐ None ☐ CAD ☐ HTN ☐ CVA's ☐ DM ☐ COPD ☐ AAA ☐ Dysrhythmias WTDSURGERY: ☐ None ☐ CABG ☐ Angioplasty WTDIMMUNIZATIONS: ☐ UTD ☐ TET WTD ALLERGIES: ☐ NK WTD ☐ SulfMEDICATIONS: ☐ See Nurse's Note WTDFH ☐ Negative WTDSH OCCUPATION: WTD HABITS: Tobacco WTD ETOH WTD Illicit Drugs WTDPE CONSTITUTIONAL: VITAL SIGNS: ☐ Normal ☐ Abnormal APPEARANCE: ☐ Well ☒ III ☐ Poor Hygiene/Grooming✓ AIRWAY: ☐ Not Intubated ☒ Intubated✓ BREATHING: ☐ Agonal ☒ Bagged 7.5 ETL 22 cm 2 LPS.✓ CIRCULATION: ☐ Pulseless ☒ Carotid Pulse PresentSKIN: ☐ Normal ☐ Cyanotic ☐ Cold ☐ Diaphoretic Hot to touchEYES: ☐ Normal ☐ Dilated ☐ Pinpoint 5 mm → 5 mmENT: ☒ Normal ☐ Dental Trauma ☐ EmesisCV: ☐ Normal ☒ Tachycardic ☐ BradycardicRESP: ☐ Normal ☐ Unequal Breath Sounds ☐ Crackles ☐ Wheezes 6-8 wheezes when baggedGI: ☐ Normal ☐ Distended ☐ Pulsatile Mass WTDMS (includes neck & back): ☐ Normal ☐ NO ☒ Moving extremitiesTHE FORD GROUP, INC.
Memorial Hermann Hospital, Inc.

ED RECORD

CARDIOPULMONARY ARREST / CRITICAL CARE

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8/7/2011 9:00:34 AM

PAGE 005/030

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CARDIOPULMONARY ARREST / CRITICAL CARE (Continued)

47136147-9367 A A:08/08/11
 MARTONE, MICHAEL
 DOB: [REDACTED] 57Y M SER:EMR

THIS CONTAINS INFORMATION THAT MAY BE
 PROTECTED BY THE HIPAA PRIVACY RULE

HEME / LYMPH: ☐ Normal ☐ EdemaNEURO: ☐ Normal ☐ Coma ☐ GCS: 3Medical Decision Making ☐ Discussed With Family ☐ Old Chart Requested FINDINGS:

DOX: MI PE AAA CVA Dysrhythmia Tension PTX Tamponade Sepsis Seizure OD

LABS PERFORMED: ☐ Labs Essentially Normal Unless Noted Below *Myocardial infarction*
Heart stroke☐ CBC: WBC Hg Hct Plt☐ CHEMISTRIES: Na K Cl HCO₃ BUN Cr Glu ☐ GLUCOSE STICK: (☐ Low ☐ Elevated)☐ URINALYSIS: pH SG Protein Glu WBCs RBCs Bacteria☐ PT / PTT: ☐ DIGOXIN: ☐ URINE DRUG SCREEN:☐ CARDIAC ENZYMES: CK CK-MB MB% Troponin Myoglobin☐ ABG: pH PCO₂ PO₂ O₂ sat ABG Interpretation:EKG INTERPRETATION: ☐ NSR ☐ No ST Abnormality☐ Compared To EKG On ___/___/___; ☐ No Significant ChangeX-RAY: ☐ CXR: ☐ Normal ☐ Pneumonia ☐ CMC ☐ PTX ☐ Effusion ☐ Pulm. Edema• ET TUBE PLACEMENT: ☐ Appropriate☐ ECHO: ☐ Normal☐ CT OF HEAD: ☐ Normal☐ Preliminary / ☐ Read By RadiologistTreatment/Management ☐ See Procedure Note ☐ See Addendum ☐ Total Critical Care Time (>30 mins.)ADDITIONAL PROCEDURES (Done by Physician): ☒ CPR ☐ Cardioversion ☐ NGT Insertion ☐ Foley Insertion ☐ ABG☐ Venous Cutdown Other:RE-EVALUATION TIME: ☐ Improved ☐ Worsened ☐ No Change

Rt lost pulse p. 10:00 AM. CPR started. Pt. placed on ventilator. Epi/Atropine, Sodium Bicarb & Calcium Chloride. Pt. remained in asystole/pulseless.

CONSULTATION Dr. @ Returned @ ; Dr. @ Returned @

To See @ ☐ ED ☐ Hospital ☐ Office Rec.PA/ARNP: PHYSICIAN'S SIGNATURE: *Michael Martone*Attending Physician Note HISTORY: *Carcinoma chest had ROSC in route.**but arrested shortly after.*EXAM: *Tenp 100.5, Resp CVA (B)**C good (B) P*MEDICAL DECISION MAKING: *Care cont. Umin*Diagnosis: *Heart stroke, cardiac arrest*

TREATMENT:

☒ The Patient Was Seen And Examined By Me With The (☐ PA ☒ Resident / ☐ Student) And I Agree With The History / Exam Documented☐ Discharge ☐ Admit ☐ Transfer ☐ OtherCONDITION: ☐ Stable ☐ Fair ☒ CriticalATTENDING SIGNATURE: *[Signature]*

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ED RECORD

CARDIOPULMONARY ARREST / CRITICAL CARE

24

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8/8/2011 9:00:34 AM

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Emergency Dept. Nursing Reports

Emergency Dept. Trauma

Document Name: Emergency Dept Trauma
 Performed By: Beebe, Donald RN

Date: 08/08/2011 22:03:00
 Result Status: Modified

Tracking Acuity: 8/8/2011 22:05

Beebe, Donald RN - 8/8/2011 22:05

Pregnancy Status: Pregnancy info not applicable
 Isolation: No Isolation
 Height Collection Method: Estimated
 BSA: 2.5766m2
 Height ft (tmp): 5ft
 Height inch (tmp): 9.00inch
 Type of Weight Measurement: Pounds/Ounces
 Height: 175.26cm
 Weight Collection Method: Estimated
 Body Mass Index: 44.40m2
 Weight lbs (tmp): 300lb
 Weight: 136.364kg
 Method of arrival: Helicopter
 Mode of Arrival: Stretcher
 Accompanied by: Self

Beebe, Donald RN - 8/8/2011 22:05

CPR Initiation

CPR: Documented on electronic form
 CPR initiated at: 8/8/2011 22:03
 CPR Initiated Time: Actual
 CPR Initiation Location: Post-arrival
 CPR Intervention Rhythm: Other: wide complex progressing into pea
 Arrest Symptoms: Pulses absent

Beebe, Donald RN - 8/8/2011 22:05

CPR

ED CPR Vital Signs PG

Intervention Time:	2203	2204	2206	2208
CPR Intervention Rhythm:	Asystole (Comment with occasional non-perfusing ECG beat noted [Beebe, Donald RN - 8/8/2011 22:32])	Asystole	Asystole	Asystole
CPR Interventions:	Ambu ventilation started, Compressions started	Compressions continued	Compressions started	Ambu ventilation continued, Compressions continued
Epinephrine		1		1

Permanent Patient Record
 Memorial Hermann Hospital

MEMORIAL HERMANN

Patient: MARTONE, MICHAEL
 DOB/Sex: [REDACTED] Male
 Physician: George, Libby Crenshaw
 Account#: 471361479367
 CPH#: 47136147
 Location: HH ELVER INBOUND
 Pt Type: ICU Emergency Center
 Adm/Dc Date: 08/08/2011 / 08/08/2011

Printed: 8/9/2011 3:18 AM

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Emergency Dept. Nursing Reports

(numeric): Atropine (numeric):				1
CPR Med - Other: Post-Intervention Rhythm:			Asystole	Asystole
	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32	Beebe, Donald RN - 8/8/2011 22:32

Intervention Time:	2210	2212	2214	2216
CPR Intervention Rhythm:	Asystole	Asystole	Asystole	Asystole
CPR Interventions:	Ambu ventilation continued, Compressions continued	Ambu ventilation started, Compressions continued	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued
Epinephrine (numeric):			1	
Atropine (numeric):	1			1
CPR Med - Other:	8.4% Sodium Bicarb 50mEq	1 gram CaCl Beebe, Donald RN - 8/8/2011 22:47		
Post-Intervention Rhythm:	Deebe, Donald RN - 8/8/2011 22:32	Deebe, Donald RN - 8/8/2011 22:32	Deebe, Donald RN - 8/8/2011 22:32	Deebe, Donald RN - 8/8/2011 22:32

Intervention Time:	2218	2220	2222
CPR Intervention Rhythm:	Asystole	Asystole	Asystole
CPR Interventions:	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued
Epinephrine (numeric):	1		
Atropine (numeric):			
CPR Med - Other: Post-Intervention Rhythm:		Asystole	
	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32

CPR Result: Unsuccessful

Pronounced by: Sims II, Marcus Lynn DO

CPR Ended at: 8/8/2011 22:02

Beebe, Donald RN - 8/8/2011 22:32

Permanent Patient Record
Memorial Hermann HospitalMEMORIAL
HERMANN

Patient: MARTONE, MICHAEL
 DOB/Sex: [REDACTED] Male
 Physician: George, Libby Crenshaw
 Account#: 471361479367
 CPH#: 47136147
 Location: HH ED/IR INBOUND
 Pt Type: ECC Emergency Center
 Adm/De Date: 08/08/2011 / 08/08/2011

Printed: 8/9/2011 3:18 AM

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 Scanned by MOSLEY, TONYA H. in facility HUNTSVILLE (HV) on 08/10/2011 09:28

MARTONE MICHAEL
 C: JUL-1984, 5' 10"
 Male
 Room ER
 Loc 2

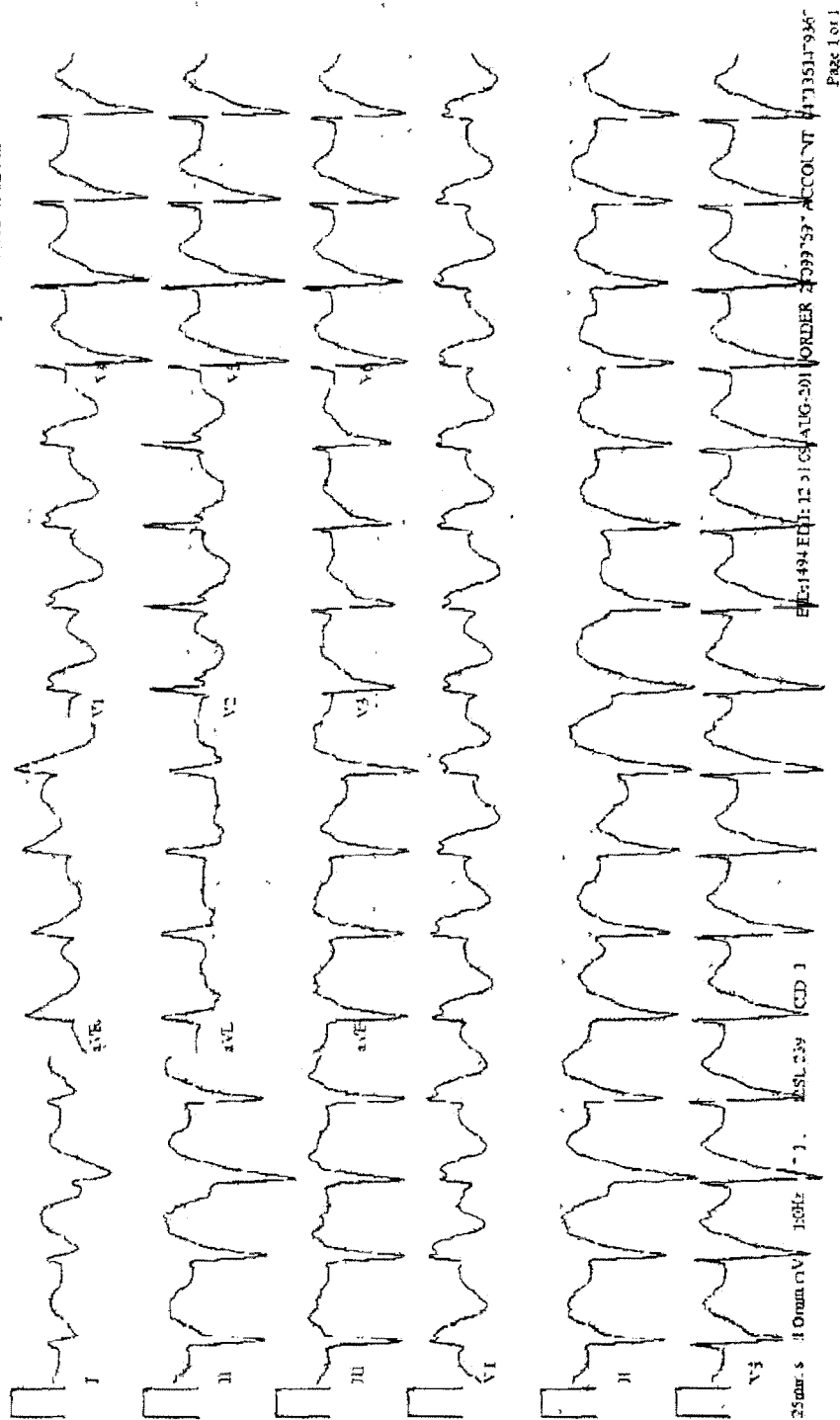
Verifile
 PK internal
 QRS duration
 QTc QTc
 P-R-T axes

08 AUG 2011 22:02:45
 WIDE QRS RHYTHM
 RIGHT BUNDLE BRANCH BLOCK
 ABNORMAL ECG
 NO PREVIOUS ECGS AVAILABLE
 Confirmed by PATEL MD MONICA 11494 on 8/9/2011 12:31:11 PM

VHS ENTERPRISE

Technician: MANCLAS
 Test and POST ANES

Referred by: D FERNON MD
 Confirmed by: MONICA PATEL MD



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MEMORIAL HERMANN HEALTHCARE SYSTEM

Patient Registration

Patient Type EMERGENCY C	Location EDTR	Religion UNKNOWN	Admit By WWZ	Print By JEMIL 08/09/11 0909
Date Admitted 08/08/11	Time 21 31	NH Account Number 47136187-9367	Primary Code RELEASE	Admit Date EMR
Discharge Date 08/08/11	Age 57Y	Sex M	Race S	Admit Type B
Patient's Name MARTONE, MICHAEL		Patient's Spouse HERMANN HOSPITAL		
Patient's Address (1) 815 12TH ST		Patient's Name		
Patient's Address (2)		Mother's Name		
City, State, Zip HUNTSVILLE TX 77348		Mother's Account Number		
Country/County WALKER Phone 936-437-1975		Name SIMMONS, KEVIN Relation IN		
Patient's Employer UNEMPLOYED		Employer's Name		
Employer's Address (1)		Home Phone 936-437-1975		
Employer's Address (2)		Work Phone		
City, State, Zip		CHIEF : CARDIAC ARREST		
Employer's Phone		ADM DX.		
Occupation		I/O		
Onset of Main CNS MARTONE, MICHAEL 047136147		Admission Physician GEORGE, LIBBY CRENSHAW NPI NP1124059027 UPIN I25505 DN# 003861		
Address (1) 815 12TH ST		Referring Physician GEORGE, LIBBY CRENSHAW NPI NP1124059027 UPIN I25505 DN# 003861		
Address (2)		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
City, State, Zip HUNTSVILLE TX 77348		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Home Phone 936-437-1975 Relation PT		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Social Security No ###-##-####		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Guarantor's Employer UNEMPLOYED		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Address (1)		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Address (2)		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
City, State, Zip		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Work Phone		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Occupation		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Effective Date 08/08/11		Referring Physician FCP, NONE NPI NPI UPIN OTH000 DN# 099905		
Insurance Co PRISONERS NON-HARRIS CREDIT PCX		Insurance Co PRISONERS NON-HARRIS CREDIT PCX		
Insured MARTONE, MICHAEL		Insured MARTONE, MICHAEL		
Contributed 1395315 (if w Comp) / /		Contributed 1395315 (if w Comp) / /		
Group# NONE Exp Date 08/05/11 Contr		Group# NONE Exp Date 08/05/11 Contr		
Verified WILL Date		Verified WILL Date		
Phone SIMMONS, KEVIN Ext		Phone SIMMONS, KEVIN Ext		
AOB U Authorization		AOB U Authorization		
Medicare ID HUNTSVILLE UNIT		Medicare ID HUNTSVILLE UNIT		
Medicaid ID 815 12TH ST		Medicaid ID 815 12TH ST		
Mail Claim to HUNTSVILLE TX 77348		Mail Claim to HUNTSVILLE TX 77348		
Rev Appy PH		Rev Appy PH		
Signature MARTONE, MARSHALL####/YAOB/NINS/NID/MAH		Signature MARTONE, MARSHALL####/YAOB/NINS/NID/MAH		
Institution HERMANN HOSPITAL		Institution HERMANN HOSPITAL		

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CARDIOPULMONARY ARREST / CRITICAL CARE

Memorial Hermann Hospital
Emergency Center

47136147-9367 A A:08/08/11
MARTONE, MICHAEL
DOB: 57Y M SER: EMR

NAME: T/O 5 P 127 BP 84/43 AGE 57 M F
WT: 136.0 lbs PULSE OX: % ROOM # A21 TIME 2231

CC: Falla - 1st

MODE OF ARRIVAL: ☐ POV ☒ Ambulance ☐ Immobilized PREHOSPITAL ORDERS: ☒ No ☐ Yes

HPI SOURCE: ☐ Patient ☐ Family Member ☐ Friend ☒ EMS ☒ Nurse's Notes Reviewed

CONTEXT: ☒ Found Unresponsive ☐ Collapsed

ARREST: ☐ Witnessed or ☒ Unwitnessed @ ☐ Home ☐ Business ☐ Public

PRECEDING SIGNS & SYMPTOMS: ☐ None Known ☐ CP ☐ SOB ☐ Sweats ☐ Palpitations ☐ IIA ☐ Nausea ☐ Vomiting

CPR: ☐ No ☒ Yes (☐ bystander ☒ EMS)

INITIAL EMS EXAM: GCS: 3 CV: ☐ Pulseless ☒ Carotid Pulse Present PRE-HOSPITAL INTUBATION: ☒ Yes ☐ No

INITIAL TELEMETRY REVEALED: ☐ Asystole ☐ PEA ☐ Bradycardia ☐ V Fib ☐ Pulseless VT ☒ V Tach ☒ V. Fib

☐ Narrow-Complex Tachycardia ☒ Wide-Complex Tachycardia

PRE-HOSPITAL: IV ACCESS: ☐ None ☐ 18 Gauge LOCATION: ☒ OL ☐ OB ☐ OAC ☐ OFA ☒ Wrist ☐ Hand

MEDICATIONS: ☐ Lidocaine ☐ Narcan ☒ Epinephrine ☐ NaHCO₃ ☐ Atropine ☐ Adenosine ☒ Amiodarone 300mg

ROUTE: ☒ IV ☐ OBT Tube Dose

57 yo M arrived via 911 unresponsive. He was intubated by paramedics.

He had a V. Tach. He was given 300mg Amiodarone. He was given 300mg Amiodarone. He was given 300mg Amiodarone.

He was given 300mg Amiodarone. He was given 300mg Amiodarone. He was given 300mg Amiodarone.

He was given 300mg Amiodarone. He was given 300mg Amiodarone. He was given 300mg Amiodarone.

He was given 300mg Amiodarone. He was given 300mg Amiodarone. He was given 300mg Amiodarone.

He was given 300mg Amiodarone. He was given 300mg Amiodarone. He was given 300mg Amiodarone.

ROS

☐ All Other Systems Reviewed And Negative (unless noted otherwise)

CONSTIT: ☐ GI ☐ PSYCH

EYES: ☐ GU ☐ ENDO

ENT: ☐ MS ☐ HEM/LYMPH

CV: ☐ SKIN ☐ ALL/DERM

RESP: ☐ NEURO ☐ OTHER

PMH ADULT ILLNESS: ☐ None ☐ CAD ☐ HTN ☐ CVA ☐ DM ☐ COPD ☐ AAA ☐ Dysrhythmias ☒ UTD

SURGERY: ☐ None ☐ CABG ☐ Aortic Aneurysm ☒ UTD

IMMUNIZATIONS: ☐ DTD ☐ TET ☐ ALLERGIES: ☐ NKD ☐ Sulf

MEDICATIONS: ☐ See Nurse's Note ☒ UTD

FH ☐ Negative ☒ UTD

SH OCCUPATION: ☒ UTD HABITS: Tobacco ☒ UTD ETOH ☒ UTD Illicit Drugs ☒ UTD

PE CONSTITUTIONAL VITAL SIGNS: ☐ Normal ☐ Abnormal APPEARANCE: ☐ Well ☒ Ill ☐ Poor Hygiene/Grooming

AIRWAY: ☐ Not Intubated ☒ Intubated

BREATHING: ☐ Apneal ☒ Bagged 7.5 FTL, 23 cm O₂ 11.5

CIRCULATION: ☐ Pulseless ☒ Carotid Pulse Present

SKIN: ☐ Normal ☐ Cyanotic ☐ Cold ☐ Diaphoretic ☒ Hot ☐ Tach

EYES: ☐ Normal ☐ Dilated ☐ Pinpoint 5 mm ☒ 5 mm

ENT: ☒ Normal ☐ Dental Trauma ☐ Etc

CV: ☐ Normal ☒ Tachycardic ☐ Bradycardic

RESP: ☐ Normal ☐ Unequal Breath Sounds ☐ Crackles ☐ Wheezes ☒ Lungs when bagged

GI: ☐ Normal ☐ Distended ☐ Pulsatile Mass ☒ Chest

MS (includes neck & back): ☐ Normal ☒ UTD ☒ Moving extremities

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ED RECORD

CARDIOPULMONARY ARREST / CRITICAL CARE

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CARDIOPULMONARY ARREST / CRITICAL CARE (Continued)

47136147-9367 A A:08/08/11
MARTONE, MICHAEL
DOB [REDACTED] 57Y M SER: ENR

HEME / LYMPH ☐ Normal ☐ Edema
NEURO: ☐ Normal ☐ Coma ☐ GCS: 3

Medical Decision Making ☐ Discussed With Family ☐ Old Chart Requested FINDINGS:
DIX: MI PE AAA CVA Dysrhythmia Tension PTX Tamponade Sepsis Seizure OD
LABS PERFORMED: ☐ Labs Essentially Normal Unless Noted Below *Hyperkalemia
Heart stroke*
☐ CBC: WBC Hg Hct Plt
☐ CHEMISTRIES: Na K Cl HCO₃ BUN Cr Glb ☐ GLUCOSE STICK (Low Elevated)
☐ URINALYSIS: pH SG Protein Glc WBCs RBCs Bacteria
☐ PT / PTT ☐ DIGOXIN ☐ URINE DRUG SCREEN
☐ CARDIAC ENZYMES: CK CK-MB MBP Troponin Myoglobin
☐ ABG: pH PCO₂ PO₂ O₂ sat ABG Interpretation
EKG INTERPRETATION: ☐ NSR ☐ No ST Abnormality
☐ Compared To EKG On / / ; ☐ No Significant Change
X-RAY: ☐ CXR: ☐ Normal ☐ Pneumonia ☐ CMC ☐ PTX ☐ Effusion ☐ Pulm. Edema
ET TUBE PLACEMENT: ☐ Appropriate
☐ ECHO: ☐ Normal
☐ CT OF HEAD: ☐ Normal
☐ Preliminary / ☐ Read By Radiologist

Treatment/Management ☐ See Procedure Note ☐ See Addendum ☐ Total Critical Care Time (>30 mins)
ADDITIONAL PROCEDURES (Done by Physician) ☒ CPR ☐ Cardioversion ☐ NGT Insertion ☐ Foley Insertion ☐ ABG
☐ Venous Cutdowns Other
RE-EVALUATION TIME ☐ Improved ☐ Worsened ☐ No Change
*pt lost pulse & no response to ED drugs. CPR started. pt given milt.
cont. epa/atropine, sedation. breath & color returned. pt remained
in asystole/pulseless*

CONSULTATION DL @ Returned @ ; DL @ Returned @
To See @ ☐ ED ☐ Hospital ☐ Office Rec.
PA/ARNP: PHYSICIAN'S SIGNATURE: *Michael Martone*

Attending Physician Note HISTORY: *Cardiac arrest had ROSC in route
but resuscitated shortly after*
EXAM: *Tenr 10/5, 10/5, 10/5, 10/5*
MEDICAL DECISION MAKING: *Core cont. 10/5*
Diagnosis: *Heart Stroke, cardiac arrest*
TREATMENT:
☒ The Patient Was Seen And Examined By Me With The (PA / Resident / Student) And I Agree With The History / Exam Documented
☐ Discharge ☐ Admit ☐ Transfer ☐ Other
CONDITION: ☐ Stable ☐ Fair ☒ Critical
ATTENDING SIGNATURE: *Michael Martone*

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ED RECORD

CARDIOPULMONARY ARREST / CRITICAL CARE

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KL01687, MALE ID 047186147 8-Aug-2011 12:03:18 MEMORIAL HERNANN HOSPITAL

115years Vent. rate 64 bpm
Male Caucasian PR interval 152 ms
Room: AC131 QRS duration 480/495 ms
Lead 2 QT/QTc 480/495 ms
P-R-T axes 258 56

Technician: MANCILLAS
Test loc: POST AREA

Abnormal ECG
Atrial fibrillation with premature ventricular or abnormally conducted complexes
Right bundle branch block

47186147-9367 A A:08/08/11
MARTONE, MICHAEL
DOB: 07/17/1954 57Y M SRR: BMR

GE Medical Systems

11/3

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KIM1687, MALE
110 years
Male Caucasian
Room: ACU21
Loc 2

ID 047136147

8-Aug-2011

220245

MEMORIAL HERMANN HOSPITAL

Vent. rate	98 bpm
PR interval	* ms
QRS duration	162 ms
QT/QTc	502/640 ms
P-R-T axes	* 286 60

Wide QRS rhythm
Right bundle branch block
Abnormal ECG

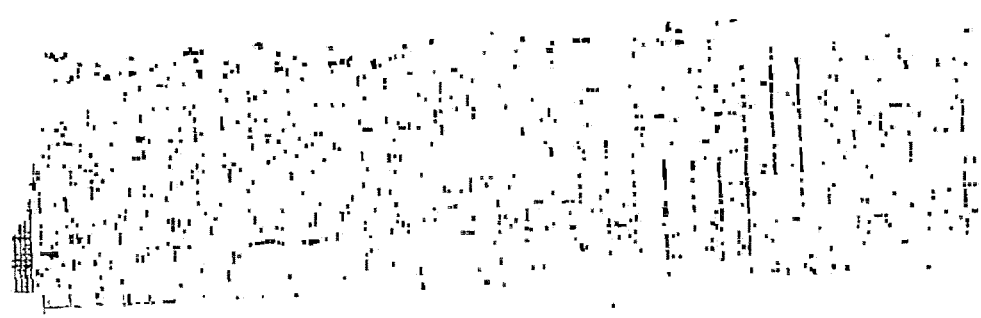


Technician MANCILLAS
Test ind. POST ARES

Symptom	Percentage
Headache	85%
Nausea	75%
Vomiting	65%
Diarrhea	55%
Abdominal pain	45%
Fatigue	35%
Dizziness	25%
Rash	15%

47136147-9367 A A.03/08/11
HARRISON, MICHAEL
DOB:07/07/1954 57Y M SBR:EMR

n. 12

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REPORT # 1	
	
REPORT # 2	
	
Memorial Hermann Hospital	47136147-9367 A A 08/08/11 MARTONE, MICHAEL DOB: 07/07/57 M SER. EHR
BLOOD BANK	

7.13

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Nurse: Notify Chaplain on-call
(pg 10850)

Was patient restrained in the
past 7 days? ☐ Yes ☐ No
Notify CA

Section 1: Physician to Complete

Patient Name: _____ Unit/Bed: ED Telephone: _____
Date of Death: 8/1 Time of Death: 2222 Time Notified: _____
Pronouncing MD: Libby George, MD
Attending MD: Libby George, MD
Pager/Telephone: (313) 704-4060

A. Notification

☒ Yes ☐ No Attending physician notified. ☐ Yes ☒ No Family notified
☒ Yes ☐ No Death note on chart.

B. Medical Examiner (713-798-8740)

Johnson, Will
☐ Yes ☐ No Determined to be ME's case (required by law: suicide, homicide; death within 24 hours of admission;
accident contributed to death; evidence or suspicion of foul play or abuse, or any child six years old or younger.)
☐ If Yes Medical Examiner notified by: _____
Date: _____ Time: _____ ME Investigator: _____
☐ If No Name of Texas licensed physician to sign death certificate:
Name: _____ Office Telephone: _____
☐ Yes ☐ No Body released to Memorial Hermann hospital.

C. Autopsy (if not ME's case)

☐ Yes ☐ No Requested by family or physician ☐ Yes ☐ No Family consented.
☐ Yes ☐ No Authorization signed by legal next of kin and two witnesses
☐ Yes ☐ No Restrictions or "none" noted on authorization

Physician Signature: _____ Date: _____ Time: _____

Section 2: Nurse to Complete

A. Notification

☐ Family to sign funeral home authorization if not a ME case.
☐ Nursing Unit Director notified on weekdays (7 a.m. to 4 p.m.) Director: _____
☐ Operations Administrator notified on evenings (4 p.m. to 7 a.m.) and weekends (24 hours) Page 10800
OA: Sharon A. Winkler

B. Organ and Tissue Donation

☐ Notify LifeGift at 713-737-8111
LifeGift Coordinator contacted: 8/6 5054 Jennifer Reynolds
☐ Yes ☐ No Consent obtained for organ donation.
☐ Yes ☒ No patient candidate for tissue donation ☐ Yes ☐ No Consent given for tissue donation

MEMORIAL
HERMANN

Decedent Care Checklist

47236147-9367 A A:08/08/11
MARTONE, MICHAEL
DOB [REDACTED] 57Y M SPR-BMR



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Emergency Dept. Nursing Reports



Document Name: Emergency Dept Pre-Arrival
 Performed By: Decho, Donald RN

Date: 08/08/2011 22:11:24
 Result Status: Auth (Verified)

Emergency Dept Pre-Arrival

Pre-Arrival Summary

Name: POST CPR, MALE
 Gender: Male

Current Date: 8/8/2011 22:11:24 CDT

Age:

Pre-Arrival Type: EMS

ETA: 8/8/2011 22:09:00 CDT

Primary Care Physician:

RFV:

Pre-Arrival User: Shaver, Scott RN

Referring Source:

Location: A

PreArrival Data

	B/P	Pulse	Resp	O ₂ Sat	Temp	Allergies
Vital Signs:						
Interventions	TDC Inmate - being sent to UTMB for Heat Exhaustion Arrested in route x2 Divert to MHH					
Medications						
and						
Miscellaneous						
(IVs, O₂, Meds)						

Permanent Patient Record
 Memorial Hermann Hospital

MEMORIAL
 HERMANN

Printed: 8/9/2011 9:18 AM

Patient: MARTONE, MICHAEL
 DOB/Sex: [REDACTED] Male
 Physician: George, Libby Crenshaw
 Account#: 471361479367
 CPT#: 47136147
 Location: HR ED1R INBOUND
 Pt Type: #1 Emergency Center
 Admit Date: 08/08/2011 / 08/08/2011
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Handwritten signature/initials

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Emergency Dept. Nursing Reports

Document Name Emergency Dept Triage Date 08/08/2011 21:58:00
Performed By LaRoche, Lauren Ashleigh Result Status Auth (Verified)

ED Medical Screening Exam Entered On: 8/8/2011 21:58
Performed On: 8/8/2011 21:58 by LaRoche, Lauren Ashleigh

Medical Screening Exam
Medical Screening Exam Status: Present
MSE Performed by: LaRoche, Lauren Ashleigh MD

LaRoche, Lauren Ashleigh - 8/8/2011 21:58

Document Name Emergency Dept Triage Date 08/08/2011 21:31:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Triage Entered On: 8/8/2011 22:20
Performed On: 8/8/2011 21:31 by Beebe, Donald RN

Triage
Chief Complaint: transfer for weakness and AMS
Reason for Visit_ED: Altered mental status

Beebe, Donald RN - 8/8/2011 22:17

DGP Generic Code
Tracking Acuity: 1 Critical HH
Tracking Group: HHEDHH

Beebe, Donald RN - 8/8/2011 22:17

Arrival Information Section: Yes
Work related injury: No
Allergies verified: Unknown
Suicide/Homicide Risk: None
Isolation Precautions Order Detail: No Isolation
Vital Signs Assessed: Yes
Assessment Review: Assessment
Pregnancy Status: Pregnancy info not applicable

Beebe, Donald RN - 8/8/2011 22:17

Tuberculosis Symptoms
Bloody Sputum: No
Fanglip: No
Fever: No
Loss of Appetite: No
Night Sweats: No
Persistent Cough > 3 Weeks: No
Weight Loss: No

Beebe, Donald RN - 8/8/2011 22:17

Permanent Patient Record
Memorial Hermann Hospital

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HERMANN

Patient: MARIONE, MICHAEL
DOB/SEX: [REDACTED] Male
Physician: George, Tibby Crenshaw
Account#: 471361479367
CPI#: 47136147
Location: HH EDIR INBOUND
Pt Type: HC Emergency Center
Adm/Oc Date: 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

Document Name Emergency Dept Triage
Performed By Beebe, Donald RN

Date 08/08/2011 21 31 00
Result Status Auth (Validated)

Arrival Information

Method of arrival Helicopter
Mode of Arrival Stretcher
Accompanied by Self

Beebe, Donald RN - 8/8/2011 22 17

Review

EENT Assessment picklist Not assessed
Cardiovascular Assessment picklist Not assessed
Respiratory Assessment picklist Document assessment
Neurological Assessment picklist Document assessment
Gastrointestinal Assessment picklist Not assessed
Genitourinary Assessment picklist Not assessed
Musculoskeletal Assessment picklist Not assessed
Integumentary Assessment picklist Not assessed

Beebe, Donald RN - 8/8/2011 22 17

Vital Signs

Systolic Blood Pressure 84mmHg (LOW)
Diastolic Blood Pressure 43mmHg (LOW)
Peripheral Pulse Rate 127bpm (H)
Respiratory Rate 18BPMIN
BP Method of Collection Electronic
Pain No
Temperature Bladder 106.5DegF (Converted to 41.4DegC) (H)
BP Site Laterality Left arm
ED Glasgow Coma Scale Vital Yes
BP Collection Position Sitting

Beebe, Donald RN - 8/8/2011 22 17

ED Ht, Wt, & Apg

Respiratory

ED Breath Sounds RUL
RUL Clear
LUL Clear
RML Clear
LLL Clear
RLL Clear

Beebe, Donald RN - 8/8/2011 22 17

ED Respiratory comments pt on vent

Beebe, Donald RN - 8/8/2011 22 17

Neurological

Neurological Symptoms Other unresponsive

Beebe, Donald RN - 8/8/2011 22 17

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
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Patient MARTONE, MICHAEL
DOB/sex [REDACTED] Male
Physician George, Tibby Crenshaw
Account# 471361470367
CPI# 47136147
Location HH ED/ICU INDEPENDENT
Pt Type ED Emergency Center
Admit/Dx Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

Document Name Emergency Dept Assessment
Performed By Beebe, Donald RN

Date 08/08/2011 21 31 00
Result Status Auth (Verified)

ED Assessment Entered On 8/8/2011 22:26

Performed On 8/8/2011 21 31 by Beebe, Donald RN

Review

EENT Assessment picklist Not assessed
Cardiovascular Assessment picklist Document assessment
Respiratory Assessment picklist Document assessment
Neurological Assessment picklist Document assessment
Gastrointestinal Assessment picklist Not assessed
Genitourinary Assessment picklist Not assessed
Musculoskeletal Assessment picklist Not assessed
Integumentary Assessment picklist Not assessed

Beebe, Donald RN - 8/8/2011 22:22

ED Ht, Wt, & Aig

Problems and Diagnosis

Glasgow Coma
Eye Opening Response Glasgow None (1)
Best Verbal Response Glasgow None (1)
Best Motor Response Glasgow Flaccid (1)
Glasgow Coma Score 3

Beebe, Donald RN - 8/8/2011 22:22

Cardiovascular

Heart Rhythm Regular
Cardiac Rhythm Assessment Trigger Yes

Beebe, Donald RN - 8/8/2011 22:22

Cardiac Rhythm

Monitoring Lead II
Ectopy Description Wide complex

Beebe, Donald RN - 8/8/2011 22:22

Respiratory

ED Breath Sounds RUL

RUL Clear
LUL Clear
RML Clear
LLL Clear
RLL Clear

Beebe, Donald RN - 8/8/2011 22:22

ED Respiratory comments pt orally intubated P1A with / 5 E11 secured 23cm at lips

Beebe, Donald RN - 8/8/2011 22:22

Neurological

Neurological Symptoms Other: pt arrived unresponsive

Permanent Patient Record

Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 3:18 AM

Patient MARIONE, MICHAEL
DOB/Sex 4 Male
Physician George, Tabby Crenshaw
Account# 471361470367
C21# 47136147
Location HR ED/ER INBOUND
Pl Type 66 Emergency Center
Adm/Dic Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

Emergency Dept. Nursing Report

Document Name: Emergency Dept. Assessment Date: 08/08/2011 21:31:00
Performed By: Beebe, Donald RN Result Status: Auth (Verified)

Level of Consciousness: Comatose
Glasgow Coma Scale Assessment: Yes

Beebe, Donald RN - 8/8/2011 22:22

Document Name: Emergency Dept. Assessment Date: 08/08/2011 21:31:00
Performed By: Beebe, Donald RN Result Status: Auth (Verified)

ED Nurses Notes Entered On: 8/8/2011 22:30
Performed On: 8/8/2011 21:31 by Beebe, Donald RN

Nurses Notes

Nurses Notes pt arrived via lifeflight. ems reports pt was in his prison cell with no AC and c/o weakness. pt was found approx 1hr later u/u and in a wide complex tachycardia, pt was intubated by ems. pt was shocked x1 at 100J with no change, pt was shocked again into a v fib rhythm, pt was shocked into a wide complex tachycardia and initiated on Amiodorone

Beebe, Donald RN - 8/8/2011 22:28

Emergency Dept. Trauma

Document Name: Emergency Dept. Trauma Date: 08/08/2011 22:03:00
Performed By: Beebe, Donald RN Result Status: Modified

ED CPR Entered On: 8/8/2011 22:40
Performed On: 8/8/2011 22:03 by Beebe, Donald RN

Triage

Chief Complaint: pt transfer for weakness
Reason for Visit: Altered mental status

Beebe, Donald RN - 8/8/2011 22:05
Beebe, Donald RN - 8/8/2011 22:05

DCP Genetic Code

Tracking Acuity: CPR
Tracking Acuity: 8/8/2011 22:05

Beebe, Donald RN - 8/8/2011 22:47

Tracking Acuity: 8/8/2011 22:05
Tracking Acuity: CPR

Beebe, Donald RN - 8/8/2011 22:47

Tracking Group: HHEDHH
Tracking Acuity: 1 - Critical - HH

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/9/2011 3:18 AM

Patient: MARIONE, MICHAEL
DOB/Sex: [REDACTED] Male
Physician: George, Tabby Crenshaw
Account#: 471361479367
CPI#: 47136147
Location: HH ED1R (INBOUND)
Pt Type: 04 - Emergency Center
Admit/Disc Date: 08/08/2011 / 08/08/2011
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Emergency Dept Nursing Reports

***** HUNTSVILLE HOSPITAL - EMERGENCY DEPARTMENT - 8/8/2011 22:03:00 *****

Document Name Emergency Dept Trauma
Performed By Beebe, Donald RN

Date 08/08/2011 22:03:00
Result Status Modified

Tracking Acuity 8/8/2011 22:06

Beebe, Donald RN - 8/8/2011 22:06

Pregnancy Status Pregnancy into not applicable
Isolation No Isolation
Height Collection Method Estimated
OSA 2 5766m2
Height ft (tmp) 5ft
Height inch (tmp) 9 00inch
Type of Weight Measurement Pounds/Ounces
Height 175.26cm
Weight Collection Method Estimated
Body Mass Index 44.40m2
Weight lbs (tmp) 300lb
Weight 136.361kg
Method of arrival Helicopter
Mode of Arrival Stretcher
Accompanied by Self

Beebe, Donald RN - 8/8/2011 22:05

CPR Initiation

CPR Documented on electronic form
CPR Initiated at 8/8/2011 22:03
CPR Initiated Time Actual
CPR Initiation Location Post-arrival
CPR Intervention Rhythm Other, wide complex progressing into pea
Arrest Symptoms Pulses absent

Beebe, Donald RN - 8/8/2011 22:05

CPR

ED CPR Vital Signs PG

Intervention Time	2203	2204	2206	2208
CPR Intervention Rhythm	Asystole (Comment with occasional non-perfusing ECG beat noted (Beebe, Donald RN - 8/8/2011 22:32))	Asystole	Asystole	Asystole
CPR Interventions	Ambu ventilation started, Compressions started	Compressions continued	Compressions started	Ambu ventilation continued, Compressions continued
Epinephrine				

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed 8/9/2011 3:18 AM

Patient MARTONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361479367
CPI# 47136147
Location HE ELDER INBOUND
Pt Type 64 Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011
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Emergency Dept Nursing Reports

(numeric) Atropine (numeric)				
CPR Med - Other Post-Intervention Rhythm			Asystole	Asystole
	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32

Intervention Time CPR Intervention Rhythm	2210 Asystole	2212 Asystole	2214 Asystole	2216 Asystole
CPR Interventions	Ambu ventilation continued, Compressions continued	Ambu ventilation started, Compressions continued	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued
Epinephrine (numeric)			1	
Atropine (numeric)				1
CPR Med - Other	8.4% Sodium Bicarb 50mEq	1 gram CACI Beebe, Donald RN 8/8/2011 22:47		
Post-Intervention Rhythm	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32

Intervention Time CPR Intervention Rhythm	2218 Asystole	2220 Asystole	2222 Asystole
CPR Interventions	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued	Ambu ventilation continued, Compressions continued
Epinephrine (numeric)	1		
Atropine (numeric)			
CPR Med - Other Post-Intervention Rhythm		Asystole	
	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32	Beebe, Donald RN 8/8/2011 22:32

CPR Result: Unsuccessful
 Pronounced by: Sims II, Marcus Lynn DO
 CPR Ended at: 8/8/2011 22:02

Permanent Patient Record
 Memorial Hermann Hospital

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 HERMANN

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Beebe, Donald RN - 8/8/2011 22:32

Patient: MARTONE, MICHAEL
 DOB/Sex: [REDACTED] Male
 Physician: George, Tibby Crenshaw
 Account#: 471361470367
 CPH#: 47136147
 Location: HH ED1R INBOUND
 Pt Type: IC Emergency Center
 Adm/Dic Date: 08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

Document Name Emergency Dept Treatments Date 08/08/2011 21 31 00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Patient Care and Status Entered On: 8/8/2011 22:30
Performed On: 8/8/2011 21 31 by Beebe, Donald RN

Patient Care

One on One Care: X 60 minutes

Equipment placed on patient: Cardiac monitor, Blood pressure cuff, Pulse ox

Diet NPO

Safety measures Ambiband on, Bed in low and locked position, Call light in reach, Side rails up X 2, Other TDC guard with pt

Beebe, Donald RN - 8/8/2011 22:30

Document Name Emergency Dept Treatments Date 08/08/2011 21 31 00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Treatments and Procedures Entered On: 8/8/2011 22:42
Performed On: 8/8/2011 21 31 by Beebe, Donald RN

Procedures done

Peripheral IV started: IV Access

Beebe, Donald RN - 8/8/2011 22:41

IV Access

IV Start/DC IIG

Activity	Right Hand IV Site Other inserted PTA Beebe, Donald RN 8/8/2011 22:41
----------	---

Document Name Emergency Dept Treatments Date 08/08/2011 21 41 00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Treatments and Procedures Entered On: 8/8/2011 22:42
Performed On: 8/8/2011 21 41 by Beebe, Donald RN

Procedures done

ED Tube, urinary jump Tube, urinary

Beebe, Donald RN - 8/8/2011 22:42

Urinary Catheter v2

Insertion Prior To Current Admission No

Urinary Indwelling Catheter Activity Insert

Permanent Patient Record

Memorial Hermann Hospital

MEMORIAL
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Patient MARTONE, MICHAEL
DOB/SEX [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361470367
CPI# 47136147
Location REDIR INBOUND
Pt Type EC Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

Document Name Emergency Dept. Treatments Date 08/08/2011 21:41:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

Urinary Catheter Insertion Date/Time 8/8/2011 21:41
Urinary Catheter Insertion Site Urethral
Urinary Catheter Type Indwelling Indwelling/Continuous
Urinary Catheter Balloon Inflation 10 mL sterile water
Urinary Catheter Size 18 French
Urinary Catheter Procedure Tolerance Good
Urine Color Yellow

Beebe, Donald RN - 8/8/2011 22:42

Document Name Emergency Dept. Treatments Date 08/08/2011 21:40:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Treatments and Procedures Entered On 8/8/2011 22:43
Performed On 8/8/2011 21:40 by Beebe, Donald RN

Procedures done
Diagnostics done Diagnostics

Beebe, Donald RN - 8/8/2011 22:43

Diagnostics
ED EKG Performed Yes
Time ECG Read Date and Time 8/8/2011 21:40
EKG read by George, Libby Crenshaw MD

Beebe, Donald RN - 8/8/2011 22:43

Document Name Emergency Dept History/Social Date 08/08/2011 22:26:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Screening Entered On 8/8/2011 22:27
Performed On 8/8/2011 22:26 by Beebe, Donald RN

Psychosocial
Live Safe Ennron from Phys/Mental Abuse Unable to obtain

Beebe, Donald RN - 8/8/2011 22:26

Morse Fall Risk
ED At risk for falls Yes
Fall Risk Interventions Yes

Beebe, Donald RN - 8/8/2011 22:26

Morse Fall Risk Interventions
Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Patient MARTONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361470367
CPI# 47136147
Location HREDDIR INPOUNY
Pt Type H-Emergency Center
Adm/Dcl Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

Document Name Emergency Dept History/Social Date 08/08/2011 22:26:00
Performed By Nuche, Donald RN Result Status Auth (Verified)

Safety measures Ambband on, Bed in low and locked position, Call light in reach, Side rails up X 2
Beebe, Donald RN - 8/8/2011 22:26

Social Habits v3
Cigarette Smoking Last 365 Days Unable to obtain
Exposure to Tobacco Smoke Unable to obtain

Beebe, Donald RN - 8/8/2011 22:26

Providers
Able to obtain provider information Yes
Provider Comments TDC

Beebe, Donald RN - 8/8/2011 22:26

Advance Directive
Advanced Directives No

Beebe, Donald RN - 8/8/2011 22:26

Health History I V2
Health Hx I Section Acknowledged Yes

Beebe, Donald RN - 8/8/2011 22:26

Health History II V2
Health Hx II Section Acknowledged Yes

Beebe, Donald RN - 8/8/2011 22:26

Health History III V2
Health Hx III Section Acknowledged Yes

Beebe, Donald RN - 8/8/2011 22:26

Problems and Diagnosis

Document Name Emergency Dept Depart Date 08/08/2011 22:45:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED Depart Detail Entered On 8/8/2011 22:45
Performed On 8/8/2011 22:45 by Beebe, Donald RN

Depart Log
Depart Time 1/1/2011 22:22
Work related injury No
Medical Screening Exam Status Present
Depart Status Expired

Beebe, Donald RN - 8/8/2011 22:45

Valuables and Belongings at Depart
Inventoried Valuables/Belongings Yes

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
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Patient MARTONE, MICHAEL
DOB/Sec [REDACTED] Male
Physician George, Tibby Crenshaw
Account# 471361479367
C.D.# 47136147
Location HH ED/IR INBOUND
Pt Type 66 Emergency Center
Adm/Dtc Date 08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

Emergency Dept. Depart

Document Name Emergency Dept Depart Date 08/08/2011 22:45:00
Performed By Beebe, Donald RN Result Status Auth (Verified)

Valuable comment white pants, shackles and chains

Beebe, Donald RN - 8/8/2011 22:45

Emergency Dept Clinical Summary

Document Name Emergency Dept Clinical Summary Date 08/08/2011 22:46:41
Performed By Beebe, Donald RN Result Status Auth (Verified)

Emergency Dept Clinical Summary
Memorial Hermann Hospital Clinical Summary

PERSON INFORMATION

Name KIL01007, MALE	Age 57 Years	DOB 7/07/1954 12:00 AM
Sex Male	Language English	
Marital Status Single	Phone 7936147 / 1975	
MRN 47136147	Visit ID	Acct # 471361479367
Visit Reason CPR		
Enc Type ED Emergency Center	Med Service Emergency Medicine Service	
Track Group HH EDHR	Discharge	
Tracking Id 71538892	Checkout 8/08/2011 10:46 PM	
Checkin 8/08/2011 9:31 PM	Acuity 1 - Critical	Dispo Type ED Expired
Arrival 8/08/2011 9:31 PM	Reg Status	LOS 000 01 15
Address		
815 12TH ST HUNTSVILLE TX 77348		

POWERFORMS

ED Depart Detail

08/08/11 10:45 pm Performed by Beebe, Donald RN

Entered on 08/08/11 10:46 pm

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
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Printed 8/9/2011 3:18 AM

Patient	MARTONE, MICHAEL
DOB/Sex	Male
Physician	George, Tibby Crenshaw
Account#	471361479367
CPI#	47136147
Location	HR ED/ER INBOUND
PL Type	ED Emergency Center
Adm/Dc Date	08/08/2011 / 08/08/2011

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Emergency Dept. Nursing Reports

Depart Log

ED Depart Time: 01/01/11 22:22



Document Name: Emergency Dept Clinical Summary
Performed By: Beebe, Donald RN

Date: 08/08/2011 22:40:41
Result Status: Auth (Verified)

ED Work related injury: No
ED Medical Screening Exam Status: Present
ED Depart Status: Expired
Valuables and Belongings at Depart:
ED Valuables: Yes
ED Valuables comment: white pants, shackles and chains

DEPART REASON INCOMPLETE INFORMATION

Depart Action	Incomplete Reason
Diagnosis	Expired
Patient Education	Expired
Follow-up	Expired
Patient Understanding	Expired

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
Sims H, Marcus Lynn DO	ED Resident	8/08/2011 10:24 PM	

VITALS INFORMATION

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
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Printed: 8/9/2011 3:18 AM

Patient: MARTONE, MICHAEL
DOB/Sex: [REDACTED] 4 Male
Physician: George, Tibby Crenshaw
Account#: 471361470367
CIN#: 47136147
Location: HR ED DR INEQUON13
Pt Type: 01 - Emergency Center
Adm/Tic Date: 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

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Document Name: Emergency Dept Clinical Summary Date: 08/08/2011 22:46:41
Performed By: Beebe, Donald RN Result Status: Auth (Verified)

Vital Sign	Triage	Latest
Oral Temp		
Pulse Rate		
Respiratory Rate		
Oxygen Saturation		
Systolic Blood Pressure		
Diastolic Blood Pressure		
Mean Arterial Pressure		

EVENTS INFORMATION

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrive	Complete	8/08/2011 9:31 PM	8/08/2011 9:31 PM	8/08/2011 9:31 PM
Triage	Complete	8/08/2011 9:31 PM	8/08/2011 10:09 PM	8/08/2011 10:09 PM
MSL	Complete	8/08/2011 9:31 PM	8/08/2011 9:58 PM	8/08/2011 9:58 PM
Triage Assign	Complete	8/08/2011 9:58 PM	8/08/2011 9:58 PM	8/08/2011 9:58 PM
Document Med by Lix	Request	8/08/2011 9:58 PM		
Dr Exam	Complete	8/08/2011 9:58 PM	8/08/2011 10:24 PM	8/08/2011 10:24 PM
Full Assessment	Complete	8/08/2011 9:58 PM	8/08/2011 10:26 PM	8/08/2011 10:26 PM
Screening	Complete	8/08/2011 9:58 PM	8/08/2011 10:27 PM	8/08/2011 10:27 PM
IV Care	Request	8/08/2011 9:58 PM		
Med Admin	Request	8/08/2011 9:58 PM		
MD to Nurse	Request	8/08/2011 9:58 PM		
Vitals	Complete	8/08/2011 9:58 PM	8/08/2011 10:31 PM	8/08/2011 10:31 PM
Lab	Request	8/08/2011 9:58 PM		

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/9/2011 11:16 AM

Patient: MARTONE, MICHAEL
DOB/sex: [REDACTED] Male
Physician: George, Libby Crenshaw
Account#: 471361470367
CPI#: 47136147
Location: HE ED1K INPOUND
Pl Type: Int Emergency Center
Adm/Dt Date: 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

X-ray	Request	8/08/2011 9 58 PM		
Urine Collect	Request	8/08/2011 9 58 PM		
OKC	Complete	8/08/2011 9 58 PM		8/08/2011 10 44 PM
Registration	Cancel	8/08/2011 9 58 PM	8/08/2011 10 30 PM	8/08/2011 10 30 PM
Lub	Complete	8/08/2011 10 26 PM	8/08/2011 10 26 PM	8/08/2011 10 26 PM
Lab	Complete	8/08/2011 10 26 PM	8/08/2011 10 26 PM	8/08/2011 10 26 PM
Courtesy LC	Request	8/08/2011 10 30 PM		
Patient Care	Complete	8/08/2011 10 30 PM	8/08/2011 10 30 PM	8/08/2011 10 30 PM

LOCATION INFORMATION

Arrival	Nurse Unit	Room	Bed
8/08/2011 9 31 PM	HH ED1R	INBOUND	
8/08/2011 9 58 PM	HH ED1R	AC 21	A
8/08/2011 9 58 PM	HH ED1R	AC 30	A
8/08/2011 10 19 PM	HH ED1R	AC 21	A
8/08/2011 10 46 PM	HH ED1R	OKC	

ORDERS INFORMATION

Start Time	Order	Type	Status	Stop Time	Provider
8/08/2011 9 58 PM	Troponin-T	Laboratory	Ordered	8/08/2011 9 58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	Chest Xview	Radiology	Ordered	8/08/2011 9 58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	ECG 12/15 Lead	Cardiology	Completed	8/08/2011 9 58 PM	LaRoche, Lauren

Permanent Patient Record
 Memorial Hermann Hospital

MEMORIAL
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Printed: 8/9/2011 3 18 AM

Patient: MARTONE, MICHAEL
 DOB/Sex: [REDACTED] Male
 Physician: George, Tibby Crenshaw
 Account#: 471361470367
 CIP#: 47136147
 Location: HH ED1R INBOUND
 Pt Type: EC Emergency Center
 Adm/Tic Date: 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

PM	Only All Units					
8/08/2011 9 58 PM	Vital Signs	Patient Care	Ordered			Ashleigh MD
8/08/2011 9 58 PM	Vital Signs	Patient Care	Ordered	8/08/2011 9 58 PM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	Pro-Bran Natriuretic Peptide (pro- BNP)	Laboratory	Ordered	8/08/2011 9 58 PM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	Prothrombin Time and Partial Thromboplastin Time	Laboratory	Ordered	8/08/2011 9 58 PM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	Drug Screen Urine (7 Drugs)	Laboratory	Ordered	8/08/2011 9 58 PM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	CDM BD Chest Pain Quickset	MPP PT	Ordered	8/08/2011 9 58 PM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	ECG 12/15 Lead Only	Cardiology	Ordered	8/08/2011 9 58 PM		SYSLEM
8/08/2011 9 58 PM	BD Perform ECG	Emergency Department	Completed	8/08/2011 10 43 PM		SYSLEM
8/09/2011 12 00 AM	Vital Signs	Patient Care	Ordered	8/09/2011 12 00 AM		LaRoche, Lauren Ashleigh MD
8/09/2011 4 00 AM	Vital Signs	Patient Care	Ordered	8/09/2011 4 00 AM		LaRoche, Lauren Ashleigh MD
8/09/2011 8 00 AM	Vital Signs	Patient Care	Ordered	8/09/2011 8 00 AM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	IV Saline Lock RT	Emergency Department	Ordered	8/08/2011 9 58 PM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	sodium chloride	Pharmacy	Ordered	8/09/2011 9 57 PM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	MD to Nurse Order, Misc	Patient Care	Ordered	8/08/2011 9 58 PM		LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	MT to Nurse Order, Misc	Patient Care	Ordered	8/08/2011 9 58 PM		LaRoche, Lauren Ashleigh MD

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL

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Patient MARIONE, MICHAEL
DOB/Gen [REDACTED] Male
Physician George, Libby Crenshaw
Accession# 471361479367
CUI# 47136147
Location HH ED1R INBOUND
Pt Type EC Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011
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Emergency Dept Nursing Reports

8/08/2011 9 58 PM	Pulse Oximetry Continuous	Patient Care	Ordered	8/08/2011 9 58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	Complete Blood Count w/ Diff and Laboratory Platelet		Ordered	8/08/2011 9 58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	Comprehensive Metabolic Panel	Laboratory	Ordered	8/08/2011 9 58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 9 58 PM	Creatine Kinase	Laboratory	Canceled	8/08/2011 9 58 PM	George, Tibby Crenshaw MD
8/08/2011 9 58 PM	Creatine Kinase w/ Reflex MB Isoenzyme	Laboratory	Ordered	8/08/2011 9 58 PM	LaRoche, Lauren Ashleigh MD
8/08/2011 10 11 PM	PTT - CIT T PCT	Laboratory	Completed	8/08/2011 10 11 PM	SYBILAM
8/08/2011 10 11 PM	Glucose (Point of Care)	Laboratory	Completed	8/08/2011 10 26 PM	George, Tibby Crenshaw MD

MEDICAL INFORMATION

Allergy Info

Prescriptions Given

DISCHARGE INFORMATION

Discharge Disposition: ED Expired
Discharge Location

PATIENT EDUCATION INFORMATION

Instructions

Follow up

DIAGNOSIS

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/9/2011 3 18 AM

Patient: MARTONE, MICHAEL
DOB/Sex: [REDACTED] Male
Physician: George, Tibby Crenshaw
Account#: 471361470367
CPI#: 47136147
Location: HR ELDER INBOUND
Pl Type: EC Emergency Center
Adm/Tx Date: 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports



Document Name Emergency Dept Patient Education Date 08/08/2011 22:46:41
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Emergency Dept Patient Education
 MEMORIAL
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Emergency Department
 Departamentos de Emergencias

Southwest (713) 456-5151 TMC (713) 704-4060 Katy (281) 644-7111 Northeast (281) 540-7000
 Memorial City (713) 242-3070 Southeast (281) 929-6282
 Woodlands (281) 364-2525 Sugarland (281) 725-5150 Northwest (713) 867-3335
 TW Emergency Center (281)-710-3335

Discharge Instructions for: KILO1887, MALE

Instrucciones para

Visit Date: 8/08/2011 9:31 PM

Fecha de la visita

Care Provided by:

Proveedores de cuidado del Departamento de Emergencias

ED Physicians

None

ED Residents

Sims II Marcus Lynn

Patient Permanent Patient Record
 Memorial Hermann Hospital

MEMORIAL
 HERMANN

Printed: 8/9/2011 3:18 AM

Patient MARTONE, MICHAEL
 DOB/Sex [REDACTED] Male
 Physician George, Libby Crenshaw
 Account# 471361479367
 C/P# 47136147
 Location RH ED/IR INBOUND
 Pt Type #4 Emergency Center
 Admit/Dc Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

Document Name Emergency Dept Patient Education Date 08/08/2011 22:46:41
Performed By Beebe, Donald RN Result Status Auth (Verified)

ED MLPs
None

ED Nurses
None

For Today's Visit:

Thank you for using Memorial Hermann Hospital for your care today. It is important for you to know that the examination, treatment and x-ray reading you may have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single Emergency Care Center Visit.

NOTICE:

X-rays, EKG's and cultures results are reviewed and become official after you leave. You will be notified if final results vary from what you were told. Please be sure we have your correct local phone number and address.

AVISO

Pruebas de diagnóstico (i.e., rayos-x, EKG's, tomografías CAT, laboratorios y cultivos) son revisados por un especialista fuera del Departamento de Emergencias (DE) después que usted ya se ha ido. Se le notificará si el resultado final varía de lo que se le dijo a usted, pero es su responsabilidad asegurarse que su médico revise todos los resultados diagnósticos finales obtenidos en su visita al DE.

Vengárese, por favor, que tenemos su teléfono y dirección correcta.

Based on the diagnosis of, KILO1687, MALE has been provide the following prescriptions, follow up instructions and educational material.

Prescriptions:

Recetas

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL

Printed: 8/9/2011 3:18 AM

Patient MARTONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361479367
CPI# 47136147
Location HH ED/ER INPCOUNTY
Pl Type ED Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011
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Scanned by MOSLEY, TONYA R. in facility HUNTSVILLE (HVI) on 08/10/2011 09:29

Emergency Dept Nursing Reports



Document Name Emergency Dept Patient Education
Performed By BUCHA, Donald RN

Date 08/08/2011 22:46:41
Result Status Auth (Verified)

PLEASE REFER TO THE GUIDELINES BELOW FOR FOLLOW-UP CARE OF YOUR ILLNESS
POR FAVOR REFIRASE A LAS INSTRUCCIONES AQUI MENCIONADAS PARA EL SEGUIMIENTO DE SU
ENFERMEDAD

Important. You have been treated on an emergency basis. This is not a substitute for complete medical care.
Follow-up is essential!

Importante: Usted recibió tratamiento de emergencia basado en su problema del momento. Esto no debe considerarse como un
sustituto del tratamiento médico completo. Seguimiento con un médico es esencial para completar su tratamiento e identificar algún
otro problema de salud.

Follow up with below Physician. Note, an appointment was not made. You will need to call the doctor's office.
Call today or as soon as possible for an appointment. Tell them at the doctor's office that you were seen in the
Emergency Department. Contact us if you are having problems with follow-up. Your doctor may wish to see
your x-rays or test results. Please inquire about this when making your appointment.

Seguimiento con el médico identificado aquí abajo. El Departamento de Emergencias no ha hecho una cita para usted. Es su
responsabilidad llamar la oficina del médico y hacer su propia cita para el cuidado y tratamiento de seguimiento. Llame hoy o lo
antes posible para obtener una cita, déjele saber al médico o al personal de la oficina que usted lo vieron en el Departamento de
Emergencias. Llame al Departamento de Emergencias si es que tiene problemas con su seguimiento. Es posible que su médico quiera
revisar los rayos-x o los resultados de pruebas. Por favor, haga mención de esto al hacer su cita.

Follow-up Instructions:
Instrucciones de seguimiento

Thanks again for using Memorial Hermann Hospital for your treatment today. The discharge
instructions for today's visit are outlined below.
Shortly after discharge you will receive a phone survey. Please take the time to answer.

Patient Education Materials:
Material educativo dado al paciente

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL
HERMANN

Printed: 8/9/2011 3:18 AM

Patient	MARTONE, MICHAEL
DOB/Sex	[REDACTED] Male
Physician	George, Tibby Crenshaw
Accession	471361479367
C-Path	47136147
Location	HH ED/IR IN/FOUND
Pt Type	ED Emergency Center
Adm/Dc Date	08/08/2011 / 08/08/2011

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 Scanned by MOSLEY, TONYA R. in facility HUNTSVILLE (HV) on 08/10/2011 09:29

Emergency Dept. Nursing Reports



Document Name Emergency Dept Patient Education
 Performed By Bucher, Donald RN

Date 08/08/2011 22:46:41
 Result Status Auth (Verified)

You have been given instructions. These instructions provide information to help you better understand your illness and follow-up care. Please read carefully and let us know if you have any questions.

El Departamento de Emergencias le ha provisto información para ayudarlo a entender su enfermedad y el cuidado de seguimiento necesario. Por favor, lea estas instrucciones con cuidado y déjenos saber si tiene alguna pregunta.
 No instructions were provided.

Permanent Patient Record
 Memorial Hermann Hospital

MEMORIAL
 HERMANN

Printed: 8/9/2011 3:18 AM

Patient MARIONE, MICHAEL
 DOB/sex [REDACTED] Male
 Physician George, Abby Crenshaw
 Account# 471361470367
 CPT# 47136147
 Location HH ED1R INBOUND
 Pt Type ED - Emergency Center
 Adm/Dc Date 08/08/2011 / 08/08/2011
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Emergency Dept. Nursing Reports

I, KILLO1687, MALE, (or responsible party) have been given the above instructions and I understand them. I

Document Name Emergency Dept Patient Education Date 08/08/2011 22:40:41
Performed By Deeb, Donald RN Result Status Auth (Verified)

may call the Emergency Department at any time should I have questions or need further assistance

Yo KILLO1687 MALE he recibido las instrucciones mencionadas arriba y las entiendo. Yo puedo llamar al Departamento de Emergencias en cualquier momento si tengo alguna pregunta o necesito asistencia adicional. He dado mi información de contacto correctamente por si fuese necesario notificarme

KILLO1687, MALE Date ED Physician or Nurse Date
Patient or Responsible Party Signature

An electronic copy of these same discharge instructions is available in HIM Sovera 72 hours post discharge
Only this signature page is scanned to verify patient receipt of this information

Permanent Patient Record
Memorial Hermann Hospital

MEMORIAL

Printed: 8/9/2011 3:18 AM

Patient MARTONE, MICHAEL
DOB/Sex [REDACTED] Male
Physician George, Libby Crenshaw
Account# 471361479367
CPI# 47136147
Location HE ED/IR INBOUND
PL Type 1st Emergency Center
Adm/Dc Date 08/08/2011 / 08/08/2011
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Correctional Managed Care
MD/MLP - SICK CALL EXAM

ient Name: MARTONE, MICHAEL D TDCJ#: 1395315 Date: 08/02/2011 14:56 Facility: HUNTSVILLE
):
e: 57 year Race: W Sex: male
st recent vitals from 8/2/2011: BP: 159 / 91 (Sitting) ; Wt: 309 Lbs.; Height: 74 In.; Pulse: 74 (Sitting) ; Resp: 20 /
; Temp: 95 (Oral)
ergies: HMG-COA REDUCTASE INHIBITORS

atient Language: ENGLISH Name of interpreter, if required:

rent Medications:

OTRIN EC 325MG, 1 TABS ORAL QD
BOTEC 20MG, 1 TABS ORAL BID
TRIN 800MG, 1 TABS ORAL BID
UR 60MG, 1 TABS ORAL QD
PRESSOR 100MG, 1 TABS ORAL BID
PRESSOR 50MG, 1 TABS ORAL BID

Special Instructions: TAKE TOTAL OF 150 MG LOPRESSOR / METORPOLOL 2 X EACH DAY

NITEN 10MG, 1 TABS ORAL BID
SPAN 500MG, 1 TABS ORAL DAILY
ROSTAT 0.4MG, 1 TABS SUBLINGUAL SL NTG

Special Instructions: IF CHEST PAIN NOT RELIEVED IN 15 MINUTES CALL MEDICAL.

MELOR 50MG, 4 CAPS ORAL QAM
LOSEC 20MG, 1 CAPS ORAL QAM
ANTIN 100MG, 3 CAPS ORAL QD
VIX * 75MG, 1 TABS ORAL DAILY

Special Instructions: S/P ANGIOPLASTY, [INDEF]

IFICIAL TEARS EYE DROP 1.4%, 2 % OPTHALMIC BID
ERAL 40MG, 1 TABS ORAL TID
JTAC 150MG, 1 TABS ORAL BID
RESOLINE 50MG, 2 TABS ORAL TID
DRODIURIL 25MG, 1 TABS ORAL QD

lay's Problem: skin lesions on chest, arms ; hx of cataracts

sores. Hx of chronic folliculitis/abscess

able to see out of right eye
scattered papule lesions

dermatitis; cataracts

n is as follows: will get VAT then consider referral to HG opthoi for rt eye cataract surgery

edule with nursing for VAT

rted Meds:

TRIAMCINOLONE 0.1% CREAM 1LB 45802006535 08/02/2011 15:04
1 APPLICS TOPICALLY BID

Special Instructions: Apply Thin Layer Sparingly.

STOP DATE: REFILLS: 0

Correctional Managed Care
MD/MLP - SICK CALL EXAM

Patient Name: MARTONE, MICHAEL D TDCJ#: 1395315 Date: 08/02/2011 14:56 Facility: HUNTSVILLE
/)

Procedures Ordered:
EXTENDED OFFICE VISIT (NO COPAY):cataract nos

Electronically Signed by NORWOOD, BARRY W. PA on 08/02/2011.
##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: MARTONE, MICHAEL D TDCJ#: 1395315 **Date:** 08/08/2011 21:34 **Facility:** HUNTSVILLE (HV)

Age: 57 year **Race:** W **Sex:** male

Most recent vitals from 8/2/2011: BP: 159 / 91 (Sitting) ; Wt: 309 Lbs.; Height: 74 In.; Pulse: 74 (Sitting) ; Resp: 20 / min; Temp: 95 (Oral)

Allergies: HMG-COA REDUCTASE INHIBITORS

Patient Language: ENGLISH **Name of interpreter, if required:**

Current Medications:

ECOTRIN EC 325MG, 1 TABS ORAL QD

VASOTEC 20MG, 1 TABS ORAL BID

MOTRIN 800MG, 1 TABS ORAL BID

IMDUR 60MG, 1 TABS ORAL QD

LOPRESSOR 100MG, 1 TABS ORAL BID

LOPRESSOR 50MG, 1 TABS ORAL BID

Special Instructions: TAKE TOTAL OF 150 MG LOPRESSOR / METORPOLOL 2 X EACH DAY

LONITEN 10MG, 1 TABS ORAL BID

NIASPAN 500MG, 1 TABS ORAL DAILY

NITROSTAT 0.4MG, 1 TABS SUBLINGUAL SL NTG

Special Instructions: IF CHEST PAIN NOT RELIEVED IN 15 MINUTES CALL MEDICAL.

PAMELOR 50MG, 4 CAPS ORAL QAM

PRILOSEC 20MG, 1 CAPS ORAL QAM

DILANTIN 100MG, 3 CAPS ORAL QD

PLAVIX * 75MG, 1 TABS ORAL DAILY

Special Instructions: S/P ANGIOPLASTY, [INDEF]

ARTIFICIAL TEARS EYE DROP 1.4%, 2 % OPTHALMIC BID

INDERAL 40MG, 1 TABS ORAL TID

ZANTAC 150MG, 1 TABS ORAL BID

KENALOG 0.1% CREAM 1LB 0.1%, 1 APPLICS TOPICALLY BID

Special Instructions: APPLY THIN LAYER SPARINGLY.

APRESOLINE 50MG, 2 TABS ORAL TID

HYDRODIURIL 25MG, 1 TABS ORAL QD

SCR INITIATED?		YES	Date Received:
	x	NO	

Today's Problem:

1840

S: RECEIVED CALL FROM SGT FORD, PT C/O SOB.

1850

O: VIEWED PT ON DMS. HE IS ALERT & SITTING UPRIGHT ON A CHAIR W/O DISTRESS. AFFECT IS CALM. HIS RESPIRATIONS ARE EVEN AND UNLABORED. HIS COLOR IS WNL. HIS SPEECH IS CLEAR. HE SPEAKS IN MULTI-WORD SENTENCES W/O HESITATION OR BREATHLESSNESS. HE C/O SOB AND DRY MOUTH THAT BEGAN THIS AFTERNOON AROUND 2PM THAT IS INTERMITTENT. HE DOESN'T REPORT PAIN OR DISCOMFORT. HE DENIES COUGH OR NASAL CONGESTION.

A: NA

Plan is as follows: ADVISED TO REST AND RELAX AS MUCH AS POSSIBLE. ALSO TO INCREASE HIS

1 of 2

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: MARTONE, MICHAEL D TDCJ#: 1395315 Date: 08/08/2011 21:34 Facility:
HUNTSVILLE (HV)

WATER INTAKE AND DRINK WATER EVERY HOUR THAT HE IS AWAKE. IF SX'S DON'T IMPROVE OR IF
THEY WORSEN TO NOTIFY SECURITY AND HE WILL BE RE-EVALUATED ON DMS AT THAT TIME. HE
VERBALIZED UNDERSTANDING AND AGREEMENT TO THE P.O.C.

Electronically Signed by RYE, PATRICIA A. R.N. on 08/08/2011.
##And No Others##

Report #: PHO510
 Schema: TDCJ

Medication Print Pass

Date/Time: 08/09/2011 08:12 AM

HUNTSVILLE (HV)

ALLERGIES: HMG-COA REDUCTASE INHIBITORS

PATIENT: MARTONE, MICHAEL D MRN: 1395315 DOB: [REDACTED] HOUSING: G-1 CELL 04

NIASPAN 500MG ER TABLET RX_ID: 11476375
 1 TABS ORAL DAILY for 30 Days REFILLS: 6/11
 RX DATE: 01/13/11 08:19:19 AM RUN START DATE: 07/12/11 08:19:00 AM RUN END DATE: 08/11/11 08:19:00 AM
 ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 01/08/12 08:19:00 AM
 ORDERING PROVIDER: KHOSHDEL, ABBAS M.D. ENTRY USER: KHOSHDEL, ABBAS M.D.
 MEDICATION STATUS: ACTIVE

NORTRIPTYLINE HCL 50MG CAPSULE RX_ID: 10698757
 4 CAPS ORAL EVERY MORNING for 30 Days REFILLS: 11/11
 RX DATE: 08/17/10 10:53:40 AM RUN START DATE: 07/13/11 10:53:00 AM RUN END DATE: 08/12/11 10:53:00 AM
 ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 08/12/11 10:53:00 AM
 ORDERING PROVIDER: YAP, ROMEO M.D. ENTRY USER: YAP, ROMEO M.D.
 MEDICATION STATUS: ACTIVE

OMEPRAZOLE 20MG CAPSULE RX_ID: 11578298
 1 CAPS ORAL EVERY MORNING for 30 Days REFILLS: 6/11
 RX DATE: 02/02/11 09:19:37 AM RUN START DATE: 08/01/11 09:18:00 AM RUN END DATE: 08/31/11 09:18:00 AM
 ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 01/28/12 09:18:00 AM
 ORDERING PROVIDER: NORWOOD, BARRY W PA ENTRY USER: WHITE, HANNAH C L.V.N.
 MEDICATION STATUS: ACTIVE

PHENYTOIN SOD 100MG CAPSULE RX_ID: 11054389
 3 CAPS ORAL DAILY for 30 Days REFILLS: 9/11
 RX DATE: 10/21/10 10:48:40 AM RUN START DATE: 07/18/11 10:48:00 AM RUN END DATE: 08/17/11 10:48:00 AM
 ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 10/16/11 10:48:00 AM
 ORDERING PROVIDER: KHOSHDEL, ABBAS M.D. ENTRY USER: KHOSHDEL, ABBAS M.D.
 MEDICATION STATUS: ACTIVE

PLAVIX 75MG TABLET * RX_ID: 11329023
 1 TABS ORAL DAILY for 30 Days S/P ANGIOPLASTY, [INDEF] REFILLS: 7/11
 RX DATE: 12/14/10 01:04:46 PM RUN START DATE: 07/12/11 01:02:00 PM RUN END DATE: 08/11/11 01:02:00 PM
 ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 12/09/11 01:02:00 PM
 ORDERING PROVIDER: NORWOOD, BARRY W PA ENTRY USER: NORWOOD, BARRY W PA
 MEDICATION STATUS: ACTIVE

ASPIRIN EC 325MG TABLET RX_ID: 11896703
 1 TABS ORAL DAILY for 30 Days KOP REFILLS: 4/11
 RX DATE: 04/04/11 07:59:01 AM RUN START DATE: 08/02/11 07:58:00 AM RUN END DATE: 09/01/11 07:58:00 AM
 ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 03/29/12 07:58:00 AM
 ORDERING PROVIDER: NORWOOD, BARRY W PA ENTRY USER: MCCLESKEY, PEGGY L L.V.N.
 MEDICATION STATUS: ACTIVE

ENALAPRIL MALEATE 20MG TABLET RX_ID: 11869478
 1 TABS ORAL TWICE DAILY for 30 Days KOP REFILLS: 4/11
 RX DATE: 03/29/11 01:30:56 PM RUN START DATE: 07/27/11 01:29:00 PM RUN END DATE: 08/26/11 01:29:00 PM
 ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 03/23/12 01:29:00 PM
 ORDERING PROVIDER: NORWOOD, BARRY W PA ENTRY USER: VARNER, MARK R.N.
 MEDICATION STATUS: ACTIVE

Report #: PHO510
Schema: TDCJ

Medication Print Pass

Date/Time: 08/09/2011 08:12 AM

HUNTSVILLE (HV)

ALLERGIES: HMG-COA REDUCTASE INHIBITORS

PATIENT: MARTONE, MICHAEL D.	MRN: 1395315	DOB: [REDACTED]	HOUSING: G-1 CELL 04
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hyDRAZine 50MG TABLET
2 TABS ORAL 3 TIMES DAILY for 30 Days KOP
RX DATE: 03/29/11 01:30:56 PM RUN START DATE: 07/27/11 01:28:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 11869474
REFILLS: 4/11
RUN END DATE: 08/26/11 01:28:00 PM
EXPIRATION DATE: 03/23/12 01:28:00 PM
ENTRY USER: VARNER, MARK R.N.

hydroCHLORothiazide 25MG TAB
1 TABS ORAL DAILY for 30 Days KOP
RX DATE: 03/29/11 01:30:56 PM RUN START DATE: 07/27/11 01:29:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 11869497
REFILLS: 4/11
RUN END DATE: 08/26/11 01:29:00 PM
EXPIRATION DATE: 03/23/12 01:29:00 PM
ENTRY USER: VARNER, MARK R.N.

IBUPROFEN 800MG TABLET
1 TABS ORAL TWICE DAILY for 30 Days As Needed (PRN) KOP
RX DATE: 06/28/11 03:43:56 PM RUN START DATE: 07/28/11 03:43:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 12351237
REFILLS: 1/2
RUN END DATE: 08/27/11 03:43:00 PM
EXPIRATION DATE: 09/26/11 03:43:00 PM
ENTRY USER: NORWOOD, BARRY W PA

ISOSORBIDE MN 60MG ER TABLET
1 TABS ORAL DAILY for 30 Days KOP
RX DATE: 09/23/10 08:10:03 AM RUN START DATE: 07/20/11 08:09:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: KHOSHDEL, ABBAS M.D.
MEDICATION STATUS: ACTIVE

RX_ID: 10891650
REFILLS: 10/11
RUN END DATE: 08/19/11 08:09:00 AM
EXPIRATION DATE: 09/18/11 08:09:00 AM
ENTRY USER: KHOSHDEL, ABBAS M.D.

METOPROLOL 100MG TABLET
1 TABS ORAL TWICE DAILY for 30 Days KOP
RX DATE: 03/29/11 01:30:56 PM RUN START DATE: 07/27/11 01:27:00 PM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 11869464
REFILLS: 4/11
RUN END DATE: 08/26/11 01:27:00 PM
EXPIRATION DATE: 03/23/12 01:27:00 PM
ENTRY USER: VARNER, MARK R.N.

METOPROLOL 50MG TABLET
1 TABS ORAL TWICE DAILY for 30 Days TAKE TOTAL OF 150 MG LOPRESSOR / METORPOLOL 2 X
EACH DAY KOP
RX DATE: 04/02/11 07:16:21 AM RUN START DATE: 07/31/11 07:15:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

RX_ID: 11894265
REFILLS: 4/11
RUN END DATE: 08/30/11 07:15:00 AM
EXPIRATION DATE: 03/27/12 07:15:00 AM
ENTRY USER: MCCLESKEY, PEGGY L L.V.N.

MINOXIDIL 10MG TABLET
1 TABS ORAL TWICE DAILY for 30 Days KOP
RX DATE: 09/23/10 08:10:03 AM RUN START DATE: 07/20/11 08:08:00 AM
ORDERING FACILITY: HUNTSVILLE (HV)
ORDERING PROVIDER: KHOSHDEL, ABBAS M.D.
MEDICATION STATUS: ACTIVE

RX_ID: 10891642
REFILLS: 10/11
RUN END DATE: 08/19/11 08:08:00 AM
EXPIRATION DATE: 09/18/11 08:08:00 AM
ENTRY USER: KHOSHDEL, ABBAS M.D.

Report #: PHO510
Schema: TDCJ

Medication Print Pass

Date/Time: 08/09/2011 08:12 AM

HUNTSVILLE (HV)

ALLERGIES: HMG-COA REDUCTASE INHIBITORS

PATIENT: MARTONE, MICHAEL D	MRN: 1395315	DOB: [REDACTED]	HOUSING: G-1 CELL 04
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NITROSTAT 0.4MG SL TABLET 25s
1 TABS SUBLINGUAL EVERY 5 MIN MAX 3/15 MINUTES for 180 Days IF CHEST PAIN NOT
RELIEVED IN 15 MINUTES CALL MEDICAL. As Needed (PRN) KOP
RX DATE: 12/13/10 01:31:40 PM RUN START DATE: 06/11/11 01:29:00 PM RUN END DATE: 12/08/11 01:29:00 PM
ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 12/08/11 01:29:00 PM
ORDERING PROVIDER: NORWOOD, BARRY W PA ENTRY USER: MCCLESKEY, PEGGY L L.V.N.
MEDICATION STATUS: ACTIVE

POLYVINYL ALC 1.4% EYE DP 15ML
2 DROPS OPHTHALMIC TWICE DAILY for 30 Days KOP
RX DATE: 04/09/11 12:07:38 PM RUN START DATE: 08/07/11 12:07:00 PM RUN END DATE: 09/06/11 12:07:00 PM
ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 04/03/12 12:07:00 PM
ORDERING PROVIDER: NORWOOD, BARRY W PA ENTRY USER: MCCLESKEY, PEGGY L L.V.N.
MEDICATION STATUS: ACTIVE

PROPRANOLOL 40MG TABLET
1 TABS ORAL 3 TIMES DAILY for 30 Days KOP
RX DATE: 10/21/10 10:46:26 AM RUN START DATE: 07/18/11 10:46:00 AM RUN END DATE: 08/17/11 10:46:00 AM
ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 10/16/11 10:46:00 AM
ORDERING PROVIDER: KHOSHDEL, ABBAS M.D. ENTRY USER: KHOSHDEL, ABBAS M.D.
MEDICATION STATUS: ACTIVE

RANITIDINE 150MG TABLET
1 TABS ORAL TWICE DAILY for 30 Days KOP
RX DATE: 06/28/11 03:43:56 PM RUN START DATE: 07/28/11 03:43:00 PM RUN END DATE: 08/27/11 03:43:00 PM
ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 06/22/12 03:43:00 PM
ORDERING PROVIDER: NORWOOD, BARRY W PA ENTRY USER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

TRIAMCINOLONE 0.1% CREAM 1LB
1 APPLIES TOPICALLY TWICE DAILY for 90 Days APPLY THIN LAYER SPARINGLY. KOP
RX DATE: 08/02/11 03:04:07 PM RUN START DATE: 08/02/11 03:04:00 PM RUN END DATE: 10/31/11 03:04:00 PM
ORDERING FACILITY: HUNTSVILLE (HV) EXPIRATION DATE: 10/31/11 03:04:00 PM
ORDERING PROVIDER: NORWOOD, BARRY W PA ENTRY USER: NORWOOD, BARRY W PA
MEDICATION STATUS: ACTIVE

TOTAL FOR MARTONE, MICHAEL D

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